MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY Allegany b. COUNTY Maryland Allegany MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Lonaconing Lonaconing ve carbon papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d STREET ADDRESS e. IS RESIDENCE ON A FARM? Station Run Water NO X Station Run YES within etely NAME DE DATE Middle Last 4. Month Day Year DECEASED (Type or print) DEATH and comp 66 Jane Graham Andrews April 6 19 5. SFX 6. COLOR OR RACE AGE (in Years | IF UNDER 1 YEAR) IF UNDER 24 HRS 8. DATE OF BIRTH 9. remove 7. MARRIED T NEVER MARRIED last birthday) Months Days Hours any White Female WIDOWED DIVORCED = 10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician ease during most of working life, even if retired) death certificate be and COUNTRY? House Wife Lonaconing. U.S.A Maryland 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending phermit. Then William Waddell Jane Graham d by the attend transit permit. cremation, or n 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Mrs.Delma Cook Lonaconing. Daughter 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN The law requires that the been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) 0 Conditions, If any, which rise to immediate DUE TO stating prior underlying cause last, as CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 119. for use Health PERFORMED? certificate hospital or NO N YES PHYSICIAN: this certified for detached for 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED XENter nature of Injury In Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) be de State factory, street, office bidg., etc.) Hour a.m. After Id be d While at work Not While at work 19 p.m 3 should with the 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: 1966, and that death occurred at A.M. from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE. 22b. DATE SIGNED MED. STAFF DIRECTOR M.D. PHYS. TO HOSPITAL FUNERAL PHYSICIAN'S director, p 22c. NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) DATE THEREOF 23d. REMOVAL (Specify) 66 Cemetery Buria onaconi FUNERAL DIRECTOR REC'D BY REGISTRAR George Eichhorn Lonaconing, Md VR A15 (4) 20M 1/65

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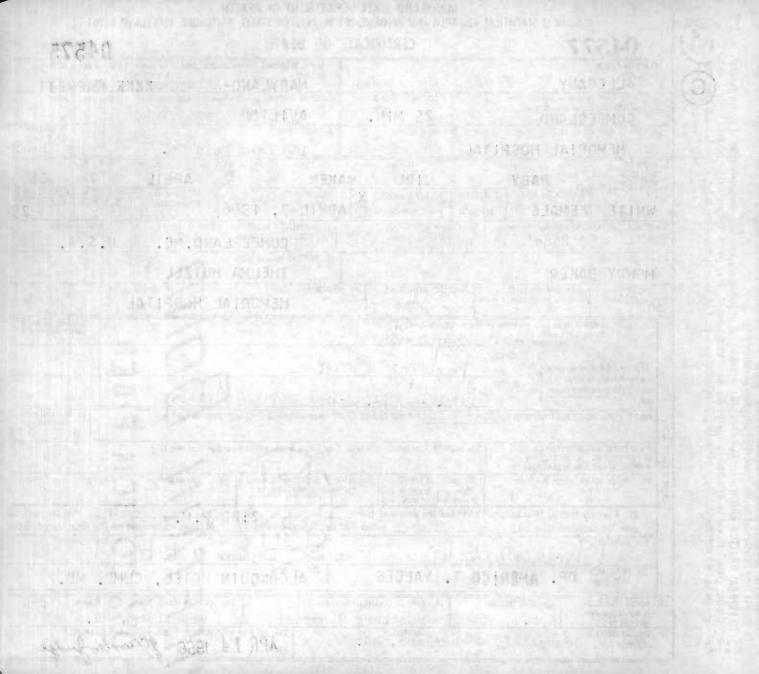
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH executed within 24 hours after death PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Maryland Allegany Allegany MARYLAND by the Pages b. CITY OR TOWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) ve carbon papers. Page event, within 72 hours Cumberland vears Cumberland = e. IS RESIDENCE ON A FARM? filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 301 Grand Avenue Grand Awenue YES NO K completely 3. NAME DE First Middle Last DATE Month Day DECEASED DEATH (Type or print) Rose Apple 27 19 66 April gnes 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH 9. ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX remove NEVER MARRIED last birthday) Months I Days Hours in any July 18, 1878 and Famale White WIDOWED X DIVORCED | 12. CITIZEN OF WHAT 1Da. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) physician and in COUNTRY? during most of working life, even if retired) death certificate be Own Home Orleans Road, W. Va. USA Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Light Rose Ann Householder rem 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. burial-transit permit. burial, cremation, or (Yes, no, or unkown) (If yes give war or dates of service) Miss Mary R. Apple. Cumberland, Md. no the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ned by th The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) gned **DUE TO** S Conditions, If any, which peen gave rise to immediate the DUE TO cause (a), stating the prior underlying cause last. WAS AUTOPSY CERTIFICATION certificate had hed for use a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) PERFORMED? the hospital or YES T NO T this cerum detached fo 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After at work p.m. at work 3 should with the P 19 66 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 66 _M, from the causes and on the date stated above. saw the deceased alive pn. and that death occurred at 22b. DATE SIGNED 22a. SICNATURE pe director, page should be filed w OR ATTENDING Apr. 22,1966 DIRECTOR O HOSPITAL ADDRESS TO FUNERAL PHYSICIAN'S 22d. 22c. NAME (Type) Virginia Ave., Cumberland, Md. E. Durrett. M.D. 236 Clay Page (State) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) BURIAL, CREMATION, REMOVAL (Specify) Cumberland, Md. Buria Rose Hill Cemetery 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE . Scarpelli, Cumberland, Md. VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04577 the executed within 24 hours after death y filled in by the funeral on papers. Pages 1 and 7 within 72 hours after bean PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) O. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) AVXILITION 25 MIN. FROSTBURG CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE within 72 ON A FARM? MEMORIAL HOSPITAL YES NO X 100 East Main St. 3. NAME OF First Middle DATE pleose remove carbon Month Day Year DECEASED OF DEATH 1966 GIRL APRIL BABY BAKER (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE NEVER MARRIED 7. MARRIED last birthday) Manths Days Hours APRIL 7, 1966 WHITE FEMALE and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HADUSTRY CUMBERLAND. MD. requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal MOWRY BAKER THELMA HUTZEL 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknown) (If yes give war or dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address MEMORIAL HOSPITAL none burial, cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH signed by 1 IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying couse Poge 4 moy be retoined by the hospital or attending this certificate has been be detached for use os the Stote Dept. of Health prior to WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING [205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20f. (City ar tawn) (Caunty) (Stote) foctory, street, affice bldg., etc.) Haur o.m. ot work ot work for FUNERAL DIRECTOR: After director, page 3 should be should be should be filed with the Stot 21. I certify that (1) (this haspital) attended the deceased fram. d fram______, 19____, that (I) (we) last and that death accurred at_____, M, fram causes and an the date stated above. 19___, that (I) (we) last saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. ALGONQUIN HOTEL, CUMB. MD. VALDES NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Apr. 8, 1966 Frostburg, Md. Frostburg Memorial Park Burial Scarpelli, Cumberland, Md. 250 REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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OR ATTENI be retained DIRECTOR: A ge 3 shauld ed with the			220. SIGNATURE	mhlin	the		1.M		MED.	OR STAFF	F - 2/	DATESICA	166
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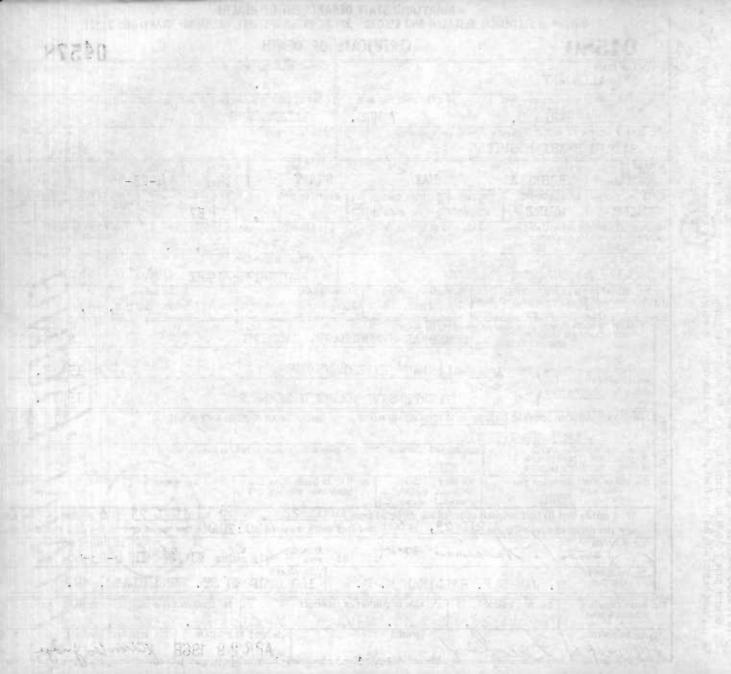
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) ${ t FROSTBURG}$ WEEK FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH BEVAN 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR last birthday) Months 1 Devs MIn. Hours WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) SEAMSTRESS FACTORY U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME VINCENT MARGARET 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (Ifyes give war or detes of service) BEVAN. 76 BOWERY 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) was DUE TO Conditions, if any, which (b) geve rise to immediate cause DUE TO (e), steting the underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO X CERTIFICA 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) 20d. INJURY OCCURRED 1 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 20f. (City or town) (County) (Stete) tactory, street, office-btdg., etc.) Hour e.m. While Not While et work at work 1966 to.... 12.2...., 19.6. that (1) (we) last 22e. SIGNATURE 22b. DATE SIGNED ATTENDING MED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 0:53 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25e. REC'D BY REGISTRAR VR A15 (4)

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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04580 requires that the death certificate be executed within 24 havrs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b_COUNTY o. COUNTY ALLEGANY o. STATE filled in by the fun n papers. Pages 1 ithin 72 haurs after o MARYLAND Somerset c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corparate limits, WELLERSBURG 7 HRS. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) SACRED HEART HOSPITAL YES NO F carban 3. NAME OF First Middle 4. DATE event, wit Lost Month Year physician and campletely en please remave rathan DECEASED MAY BRANT 4-23-66 ROSELLA DEATH 19 (Type or print) d cam, remave c. IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH birthdoy) Months Doys Hours FEMALE WHITE WIDOWED DIVORCED April 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and Wellersburg. Pa. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Goldie Stubtz William Sturtz PATTERNET attending permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT Address 16. SOCIAL SECURITY NO. Robert Brant, Wellersburg, Pa. Lost signed by the atter burial-transit perm burial, crematian, a INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL HEMOBRHAGE, MASSIVE IMMEDIATE CAUSE (o) DUE TO HYPERTENSION 15 YR. MALIGNAMI Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse attending as the 15 YR. HYPERTENSIVE HEART DISEASE has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital ar attending last WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? NO O FUNERAL DIRECTOR: After this certificate HEMTPLEGIA 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH NONE (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Nat While NONE ot work 21. I certify that (I) (this hospital) attended the deceased from APRIL 22, 19 66, ta APRIL 23, 1966, that (I) (we) last saw the deceased olive on APRIL 23, 1966, and that death occurred at 1:20AM, from causes and on the dote stoted obove. director, page 3 shauld shauld be filed with the saw the deceased olive on 22d SIGNATURE 22b. DATE SIGNED ATTENDING-MED.
DIRECTOR STAFF PHYS. 4-23-66 M.D. PHYS 22d. ADDRESS 22 PHYSICIAN'S DR. JAMES P. HALLINAN M. D. 140 BEDFORD ST. CUMBERLAND, MD. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 66 Mt. Savage Methodist Mt. Savage, Maryland April 24 FUNERAL DIRECTORC ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Charles 1966 dman.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 24 hours after death death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY a. STATE and completely filled in by the 1 remove carbon papers. Pages 1 n any event, within 72 hours after MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND nearest town) 7 DAYS CUMBERLAND e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? SACRED HEART HOSPITAL 520 FECTIG ST. YES NO X executed within NAME OF 3. First Middle OATE Month Day Year Last DECEASED OF OEATH (Type or print) BROOKS 66 19 ANNA AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 9. 7. MARRIEO NEVER MARRIEO WIOOWEO X DIVORCEO FEMALE 2-21-1893 _ 10a. USUAL OCCUPATION (Give kind of work done) 10b. KINO OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT sician and in pe during most of working life, even if retired) U.S HOUSEWIFE PHYSICIAN: The law requires that the death certificate the hospital or attending physician. Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO FUNERAL DIRECTOR: After this certificate has been signed by the attending the director, page 3 should be detached for use as the burial-transit permit. Then should be filed with the State Dept. of Health prior to burial, cremation, or removal Walter Hense 15. WAS OECEASEO EVER IN U.S. ARMEO FORCES?
(Yes, no, or unkown) | (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 520 FECTIG ST. SON FRANKLIN SCHILLING None INTERVAL BETWEEN CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. FICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? NO X YES 20a. ACCIOENT WAS UNDERLYING OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 or Part 11 of Item 18.) CERTI OR CONTRIBUTING CAUSE OF OF ATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Oav, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. While Not While Page 4 may be retained by at work at work p.m. 19 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred aB 30 M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNEO 22a. SIGNATURE MED. OIRECTOR M.D. AOORESS PHYSICIAN'S 22d. NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. REMOVAL (Specify) NAME OF CEMETERY OR CREMATORY (State) OATE THEREOF Zion Memorial Park Cumberland Burial REC'O BY, REGISTRAR FUNERAL DIRECTOR AI5 Byron Kight Cumberland. Md 20 M 1/65

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FOR STATE HEALTH DEPT.

cessary, may be O DEPUTY MER EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event applied 72 hours after death.

1/65 AI 5ME

TO DEPUTY ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04582 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ()4581)

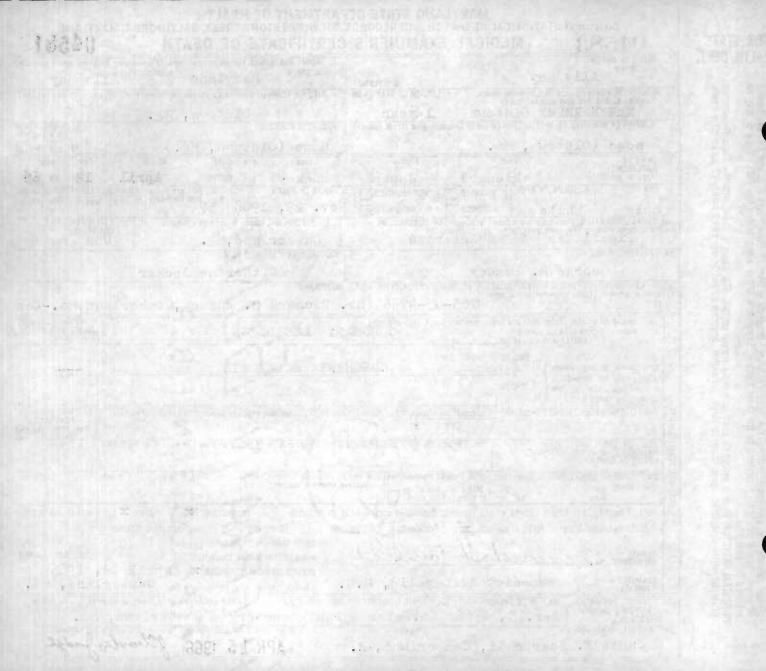
	1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENC a. STATE	E (Where deceased lived, If in		dence before ad	mission)
		ALLEGANY MARYLA		MARYLA	AND A	LLEGAN	Y	
		b. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)	N 10	c. CITY OR TOWN (If	outside corporate limits, wi	rite RURAL an	nd give neares	t town)
		CUMBERLAND 40 YEARS		CUMBER	RLAND		01-1	DENOE
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add	ress)	d. STREET AOORESS			e. IS RESI	ARM?
		MEMORIAL HOSPITAL		424 N. MECH	HANIC STREET		YES	322
	3.	NAME OF First Middle DECEASED		Last	4. DATE Mont	h	Day Yea	r
		(Type or print) MAUNIE E. BROO			DEATH APRIL		19	
	5.	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED	3 8.	DATE OF BIRTH	9. AGE (In yeers last birthday)		Bys Hours	Min.
	F	FEMALE WHITE WIDOWED OIVORCED	I UN	IKNOWN	70 yrs.			
	dur	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (St	tate or foreign country)	12, CITI	ZEN OF WHAT NTRY?	
	-	HOUSEWIFE OWN HOME		PENNA.		US	Α	
	13.	FATHER'S NAME		14. MOTHER'S MAID	EN NAME			
9		UNKNOWN		UNKNOWN				
	15. (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 15, no. or unkown) (If yes give war or dates of service)	17. If	NFORMANT	Addre	\$\$		
		NO NONE	RAY	W. BROOME	CUMBERLAND	MD.		
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]					ONSET AND C	WEEN
		PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonar	y l	Embolism			Hours	
		9040 DUE TO					0 D-	
		conditions, if any, which gave rise to immediate (b) Fracture	01	right Hi	p		2 Da	ys
		cause (a), stating the DUE TO						
	_	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	PACIATI	ED TO THE TERMINAL O	NOTACE CONCILION CIVEN IN	DARTI(a)	119. WAS AU	TOPSY
	TIO					CAKIA(4)	PERFOR	MEO?
5	FICA	Arteriosclerotic cardiovas 20a. EXTERNAL CAUSE WAS 20b. OESCRIBE HOW INJURY				f Ham 19 \	YES K	NO [
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY. FOR CONTRIBUTING CAUSE OF DEATH.		The second secon	injury in Part I or Part II c	or item 10.)		
e	CAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20d.	e. PLACE	OF INJURY (Home, fa	rm, 20f. (City or town)	(Count	(S	tate)
	MEDICAL	4:00 p.m.April 26 66 While Not While K]	Home	Cumberla	nd, Al	lleg.	Md.
		21. I certify that I took charge of the remains described above	e, held	an Autopsy 🗶,	Inspection X Inqu	iry 🗙	and in my	pinion
		death resulted from: Natural causes , Accident X,	Suici	ide 🔲, Homicio	de 🔲, Undetermined	manner [
		3 -1 10:	11	CHIEF MEDICAL	L EXAMINER			
		SIGNATURE Secredick Statare	uc		DICAL EXAMINER	9/	22. DATE S	
		EXAMINER'S BENEDICT SKITARELIC.	M D				0, 196	
		NAME (Type) BENEDICT SKITARELIC.	M.D	 Address (Street 	t, city, town, or county Clu	11 11 63 7 1 2	aritt ivi	
	02:	7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1						
	23a	BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEM	ETERY (OR CREMATORY	23d. LOCATION (City, t	own or count		ate)
p		BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEM BURIAL MAY 2, 1966 OAKLAND C	ETERY (DR CREMATORY	23d. LOCATION (City, t	own or count	ty) (St	
F		BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEM BURIAL MAY 2, 1966 OAKLAND C	ETERY (OR CREMATORY TERY 253 REC	23d. LOCATION (City, t	own or count	ty) (St	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STAKE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY e. STATE Allegany b. COUNTY Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) KMMMKXXMMX Oldtown Oldtown. l year Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State hours (Oldtown, Md.) none none (Oldtown, Md. YES NO 5 NAME OF Middle DATE Day DECEASED (Type or print) Richard 19 66 Joseph Buskey DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS lest birthday) Months | Days | Hours | Min. Nov. 29, 1908 Male White WIDOWED DIVORCED event 10e. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT Give, during most of working life, even if retired) INDUSTRY COUNTRY? Railroad Pipefitter Cumberland . Ma. USA pages 1 in any 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME EXAMINER: This certificate should be executed within 24 hours certificate, writing the word "pending" in pencil in Item 18 nould be forwarded to the Chief Medical Examiner's Office als George M. Buskey Catherine Decker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. I (Yes, no, or unkown) | (If yes give war or dates of service) Mr. Richard C. Buskey, Cumberland, Md. - Son 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCILISTON burial-transit IMMEDIATE CAUSE (e) cremation, DUE TO Conditions, If any, which CORONARY SCLEROSIS gave rise to immediate DUE TO cause (e), stating the underlying couse last. used as to burial. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION WAS AUTOPSY PERFORMEO? YES [NO TU 3 should be agent, prior t 20e. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While at work at work FUNERAL DIRECTOR: Page f Health or its designated 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry X. should Inspection 22 and in my opinion death resulted from: Natural causes Undetermined manner Accident Suicide Homicide CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER April 12, 1966 DEPUTY MEDICAL EXAMINER IN Benedict Skitarelic, M.D. director. **EXAMINER'S** Cumberland, Md. Address (Street, city, town, or county) NAME (Type) 23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) TO REMOVAL (Specify) SS. Peter & Paul Cemetery Burial Cumberland, Md. 24. FUNERAL DIRECTOR **AOORESS** REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. uneral PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY ALLEGANY ALLEGANY MARYLAND CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 6 WEEKS FROSTBURG. FROSTBURG. = filled in papers. in 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? MINERS HOSPITAL 37 W. FIRST STREET. YES NO letely rbon p executed within NAME DE First Middle Last DATE Month Day Year DECEASED remove car any event, (Type or print) LORETTA CLARK 24th. 19 66 DEATH 5. SEX 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH 7. MARRIED X NEVER MARRIED Jast birthday) Months | Days MARCH 4th. FEMALE WIDOWED [DIVORCED [physician n please r 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT The law requires that the death certificate be during most of working life, even if retired) INDUSTRY MARYLAND HOUSEWIFE USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MICHAEL NOLAN ANNA O'REILLY 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7 3 N. Lee St. (Yes. no, or unkown) | (If yes give war or dates of service) igned by the att rial-transit perm rial, cremation, o MRS. ANTHONY HOUCK, CUMBERLAND, MD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) denocarcinoma O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. DUE TO Primary in Bile ducts. 6 mo. Conditions, If any, which gave rise to Immediate DUE TD cause (a), stating the egional & Pistant Metastasis as th underlying cause last. CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? Atherosclerosis Generalized YES NO X 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While Not While at work at work 3-28 1966 to 4-24 21. I certify that (I) (this hospital) attended the deceased from_ DIRECTOR: /
age 3 should
lied with the saw the deceased alive on 19 66, and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. page DIRECTOR O FUNERAL I director, pag should be fil 22C. PHYSICIAN'S 22d. ADDRESS NAME (Type) 11 BROADWAY, FROSTBURG, MD. WALTERS. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMDVAL (Specify) 4-27-66 ST. MICHAEL'S CEMETERY FROSTBURG. MD. 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS FROSTBURG, MD. JOSEPH R. DURST. SR., VR A15 (4) 20 M 1/65

Marie Adenough A Comme LESS CHARLES IN PORCH MELLERY CANDIDAN THE TALLY AND AND AND A See 2 Carried The Late of the State of the Late of the L

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY Page Health, b. COUNTY files. ALLEGANY MARYLAND ATTEGANY b. CITY OR TOWN (if outside corporate limits. ector. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearest town) FROSTBURG DAY R.F.D. d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAT. retained State | YES NO death NAME OF Middle 4. DATE Last Month Day Year DECEASED the OF (Type or print) after MARY DEATH ALTCE: 1966 24 hours after death. with s afte 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 7. MARRIED X NEVER MARRIED IF UNDER 24 HRS. with last birthday) Months FEMALE WIDOWED T DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) HOME housewife OWN LOARTOWN, MARYLAND U.S.A. pages PM3 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give W. BLUBAUGH MARY A. LOAR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyasgivawarordalasofservica) NO Office along with MR. WILLIAM E. CLISE, LOARTOWN, MARYLAND This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 드 burial-transit HOURS HOURS PART I. DEATH WAS CAUSED BY: and CEREBRAL HEMORRHAGE IMMEDIATE CAUSE (a) removal DUE TO HYPERTENSIVE CARDIOVASCULAR Conditions, if any, which (b) "pending" gave rise to immediate causa DISEASE 10 DUE TO (a), slating the undarlying Examiner 98 cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION cremati 8 PERFORMED? writing the word Medical YES NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. burial Chief the Cnie. WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) Hour a.m. prior at work at work DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry X and in my opinion agent, death resulted from: Natural causes Suicide Undetermined manner Accident Homicide CHIEF MEDICAL EXAMINER designated ACTUAL should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER NAME (Type) land, M.D. Address (Street, city, town, or county) Cumber 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) 240 g 12,1966 VALE SUMMIT BURTAL CEM. 23. FUNERAL DIRECTOR REC'D BY REGISTRAR | 24b. 24a. VS. AISME

ARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04586 within 24 hours after death death filled in by the funeral papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY ALLEGANY MARYLAND within 72 hours after b. CITY OR TOWN (If outside corparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) DAYS HYNDMAN d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) MEMORIAL HOSPITAL 50 RT. YFS NO EX NAME OF Middle 4 DATE First Lost Doy Year remave carban DECEASED CLITES APRII 66 ANNIE A. 19 and in any event, DEATH (Type ar print) requires that the death certificate be exercited IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH NEVER MARRIED (Strirthday) Manths Days Haurs 11-3-1905 WHITE FEMALE WIDOWED DIVORCED the attending physician and sit permit. Then please rem 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY PENNSYLVANIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, EMMA HOSSELRODE CHARLES MARTZ 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates af service) MEMORIAL HOSPITAL, CUMBERLAND, MD. 81-38-7566 crematian, INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Canditians, if any, which gave rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending has been use as the last. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IFICATION NO 4 O FUNERAL DIRECTOR: After this certificate Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour o.m. Not While State at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram_ 196 4 that (1) (we) last saw the deceased alive an 4.8.66 19 , and that death accurred at 5.5 M. Fram causes and an the date stated above. shauld 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. PHYS director, page 3 shauld be filed v 22d. ADDRESS 22c PHYSICIAN'S CENTRE ST. DR. IAMES NAME (Type) WILLIAM 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) 23b. DATE THEREOF 23a. BURIAL CREMATION. REMOVAL (Specify) RD_{ir} 1 66 Porter Cemetery Hyndman. Pa. ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE -24: FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 Hyndman. Pa.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04587 CERTIFICATE OF DEATH and 2 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY o. COUNTY LEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 hours o DAYS CUMBERLAND, MD. d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) physician and completely filled en please remove carban name 719 ARUNDEL ST. MEMORIAL HOSPITAL .50 NO A requires that the death certificate be executed within 3. NAME OF First Middle 4. DATE Lost Month Doy Year DECEASED 66 APRIL ARTHUR P. CONNELL 19 (Type or print) DEATH S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthdoy) Months Hours WHITE MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life even if retired) Railroad COUNTRY? and Cumberland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaya MARY MURRAY CONNELL Thomas the attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no prunknown) (If yes give wor or dotes of service) b 705-05-8177 CUMBERLAND. MD. MEMORIAL HOSPITAL. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY DECOMPENSATED HEART DISEASE IMMEDIATE CAUSE (o) signed by DUE TO burial Conditions, if ony, which gove (b) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE rise to immediate cause (a) DUE TO attending (stoting the underlying couse has been the lost. as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO PROSTATIC HYPERTROPHY this certificote Pol 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) X 教育 数 trended the deceased fram shauld and that death accurred at saw the deceased alive an4-11-66 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS 22c PHYSICIAN'S 22d. ADDRÉSS NAME (Type) NATIONAL HIGHWAY THOMAS LUSBY director, 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 4-15-66 St Marys Cemetery Cumberland, Maryland 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) James F. Scarpelli Cumberland, Md. 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE b. CDUNTY Allegany Maryland Allegany MARYLAND Department after death. funeral b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. CITY DR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 1b may Cumberland Cumberland years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? 你价格对当中华 State hours 106 Bedford Road 106 Bedford Road Route Route ND DC NAME DE Middle DATE Month Year death. If any de Pages 1, 2, and fith form PM3. Last 4. the 72 DECEASED Ben Casteel Covey April 19 66 (Type or print) DEATH 2 with within 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist Dirthday) | Months | Oays | Hours | Min. 7. MARRIED X NEVER MARRIED Feb. 24, 1888 Male White WIOOWEO **OIVORCEO** ges 1 and 2 any event 1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS DR 12. CITIZEN OF WHAT 11. BIRTHPLACE (State or foreign country) COUNTRY? "XAMINER: This certificate should be executed within 24 hours after an entificate, writing the word "pending" in pencil in Item 18 "64" should be forwarded to the Chief Medical Examiner's Office a long. Railroad C&NW RR USA Railroad trainman Colby, Kansas pages in any 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME Sam Covev Janet ? File 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) permit. removal, 708 05 7145 Mrs. Lottie Covey. Box 106. Rt. 3. Cumberland No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND CEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) burial-transit cremation, or Sudden Coronary Occlusion cremation, DUE TO Coronary Sclerosis Conditions, If env. which (b) geve rise to immediate DUE TO ceuse (e), steting the 0 used as a to burial, underlying cause lest. WAS AUTOPSY PERFORMED? CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO pe should be 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE DE DEATH. 3 shoul agent, MEDICAL 2Dc. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While CTOR: Page designated at work at work XX Inquiry X, and In my opinion 21. I certify that I took charge of the remains described above, held an Autopsy Inspection TO FUNERAL DIRECTOR: of Health or its design death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER for your please execute director. Page 4 retained for you ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 17. 1966 **EXAMINER'S** Benedict Skitarelic Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City, town or county) BURIAL, CREMATION, 1 23b. DATE THEREDE 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Burial Apr. 20, 1966 Hillcrest Burial Park Cumberland, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADORESS VR ALSME (5) John J. Hafer, 230 Baltimore Ave., Cumberlandon Mark 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04589 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o STATE b. COUNTY 2, and 3 to PM3. Poge 0 Allegany Allegany ofter deoth. MARYLAND Marvland Deportment b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) 23 Years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hours ong with form 225 Carroll Street Give Poges Carroll Street YES | NO L hours ofter deoth. 3. NAME OF Middle First Lost 4 DATE Doy Yeor within 72 DECEASED Jessie Deatelhauser April 19 (Type or print) DEATH IF UNDER I YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours Item 18. X WIDOWED DIVORCED October 30,1886 Female White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT 9 during most of working life, even if retired) COUNTRY? INDUSTRY 24 | in ony Maryland _ Chief Medicol Exominer's At Home poges pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within Louise Rice Joseph Schilling puo E. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT .6 Spruce Road permit. (Yes, no or unknown) (If yes give war or dates of service) removol. 213-24-6420 Joseph T. Deatelhauser Larchmont. N.Y. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) buriol-tronsit PART I. DEATH WAS CAUSED BY CORONARY OCCLUSION buriol, cremotion, or IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO CORONARY SCLEROSIS Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 forworded 05 lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO K the certificate, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should should PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL Health or its designated agent, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Hour o.m. Nat While foctory, street, office bldg., etc.) moy be retoined for your FUNERAL DIRECTOR: Poge pleose execute ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry X ond in my apinian Notural couses X Suicide Undetermined manner death resulted from: Accident Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE _> O DEPUTY DEPUTY MEDICAL EXAMINER & April 29, 1966 necessory, **EXAMINER'S** Benedict Skitarelic. M.D. Address (Street, city, town, or countimberland. Md. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ATT (Gury) TTA (State) 50 REMOVAL (Specify) 5/2/66 Cumberland Maryland Rosehill Cemeterv 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR VR A15ME (5 Ruth E. Silcox Cumberland Maryland 6M 1/66

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Division of STATISTICAL	RESEARCH AND	RECORDS, 301	W. PRESTON STREET,	, BALTIMORE, MARYLAND	21201

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OR: Aff		21. I saw t	certify that (I) (this h	ospital) attende	ed the deceased tro	that death occu	rred atM,			nat (I) (we) last te stoted obove.
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TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to			(Type) Dr. R. S		23c. NAME OF CEMETER	69	Greene St.	Cumber		
TO FU direct shou		BEMOVAL (S BULL 1	perify) Apr.		Wellers ADDRESS	burg Ceme		lersbur		
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04591 requires that the death certificate be executed within 24 hours after death , filled in by the funeral in papers. Pages 1 and 5 vithin 72 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 7 DAYS CUMBERLAND CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HOSPITAL SACRED HEART 647 N. MECHANIC ST. YES | NO T carban 3. NAME OF First Middle Lost 4. DATE Month Year Doy DECEASED BALVIN **EDWARDS** L. APRIL 73 19 66 Type or print DEATH S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years birthdoy) Months Hours Dovs 3-18-89 MALE NEGRO WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY CUMBERLAND, MD 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava ANNA BUTLER RICHARD EDWARDS 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address PATIENT'S CHART crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse as the priar ta this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO far 20o. ACCIDENT WAS UNDERLYING 201/ DESCRIPTE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18. OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER! 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram. be retained saw the deceased alive an_ 1966, and that death accurred at M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN DR. LEO NAME (Type) N. CENTRE ST. CUMBERLAND. MD director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) ose Hill CemeTeru nd. umberland Allebany 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 1966 umberland, md

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04592 CERTIFICATE OF DEATH law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the ottending physician and completely filled in by the funeral sit permit. Then please remover**cate** noners. Pages I and b. COUNTY ALLEGANY o. COUNTY O. STATE MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If autside carparate limits, write RURAL and give neorest town) write RURAL and give negrest town) 28 CUMBERLAND DAYS popers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARMS. 101 RACE ST. MEMORIAL HOSPITAL NO NAME OF First Middle 4. DATE Month Lost Day Year DECEASED 1966 EIFERT APRIL MAY AMANDA DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. SFX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthday) Months Hours 5-10-1886 FEMALE WHITE WIDOWED X in any DIVORCED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? MARYLAND 13. FATHER'S NAME HARTSOCK 14. MOTHER'S MAIDEN NAME ENSLEY. WARTSOCK MARY WILSON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, ng. ar unknawn) I(If yes give war ar dates of service 0 MEMORIAL HOSPITAL, CUMBERLAND. MD. INTERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). buriol-tronsit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (a). DUE TO stating the underlying cause Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been os the priar to lost 19. WAS AUTOPSY PERFORMED? PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LEMMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION far use NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. Hour a.m. foctory, street, office bldg., etc.) Not While at work 1966 21. I certify that (I) (this haspital) attended the deceased fram shauld 19 6 and that death occurred at 3:45 M Mrom causes and on the date stoted obove. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE **ATTENDING** DIRECTOR director, page 3 should be filed v M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 456 N. CENTRE ST I FO 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Cumberland, Md. Sunset Memorial Park 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** James F. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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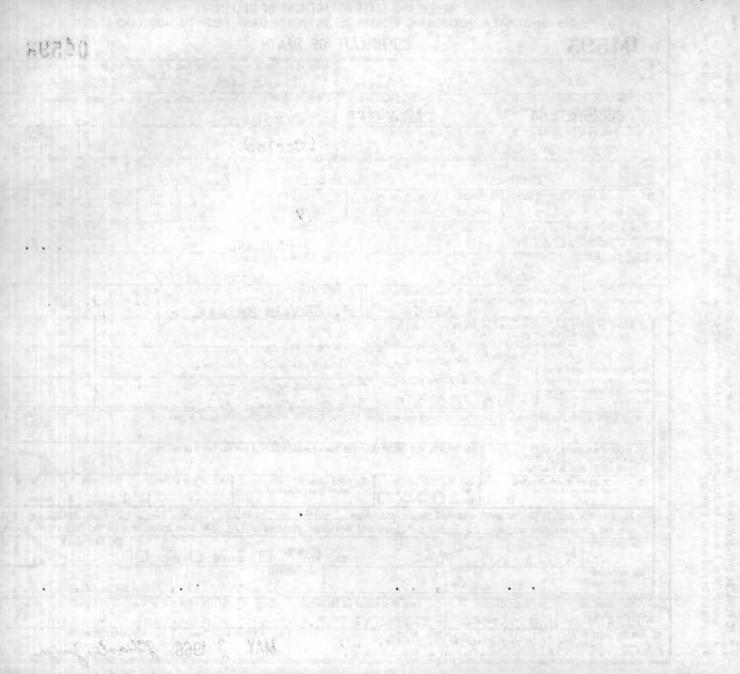
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04593 CERTIFICATE OF DEATH be executed within 24 haurs after death campletely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COLINTY ALLEGANY after MARYIAND MARYI AND ALLEGANY b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carban papers. Pag event, within 72 hours DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? HOSPITAL 210 CECELIA STREET YES | NO DE MEMORIA NAME OF First Middle Lost 4. DATE Dov Year DECEASED CHARLES EIRICH J. APRIL 19 66 (Type or print) DEATH S. SEX 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED irthdov) Months Dovs Hours 10-3-1909 MALE WHITE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during-most-of working life, even if retired) Hardware MARYLAND-Baltimore requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, EIRICH, HENRY J. SARAH HARRISON attending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address signed by the attendi burial-transit permit. (Yes, no, or unknown) (If yes give wor or dates of service) MEMORIAL HOSPITAL -CUMBERLAND, MD. yes 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o' attending physician. Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta PART, II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? TO FUNERAL DIRECTOR: After this certificate 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DECRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) be retained by the haspital (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While 19 of work ot work 21. I certify that (I) (this hospital) attended the deceased from _19_66 and that death occurred of M. from causes and on the date stated above saw the deceased glive on well 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR **ATTENDING** M.D. PHYS. PHYS. 22d. ADDRESS DR. G. O. HIMMELWRIGHT VIRGINIA AVE. CUMBERLAND MD. 23b. DATE THEREOF 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Burlal Cem. Apr.11,1966 SS. Peter & Paul Cumberland, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66 Scarpelli, Cumberland, Md. 1966

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a service service						

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04594 NAKOO death. requires that the death certificate be executed within 24 haurs after death physician and completely filled in by the funeral en please remove carbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY o. STATE b. COUNTY MARYLAND MARYT.AND ALLEGANY ALLEGANY b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest tawn) CUMBERLAND CINBERLAND papers. hin 72 ha e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS YES NO 103 WASHINGTON ST SACRED HEART HOSPITAL 3. NAME OF Middle 4. DATE Month Year First Lost Day DECEASED OF 1966 DEATH EVES (Type or print) APRIT. IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED MALE 3-11-86 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) Sich COUNTRY? U.S.A. during most of working life, even if retired) INDUSTRY BEO RR* EX*MAYOR EVANSVILLE, IND. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar removal, (HOTSON) MARGARET D. EVES WILLIAM (D 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give war or dates of service) PT'S CHART burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Massive myocardial infarction davs signed by DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying couse as the has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X O FUNERAL DIRECTOR: After this certificate PHYSICIAN: for 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Not While While at work O HOSPITAL OR ATTENDING ot work 21. I certify that (I) (this haspital) attended the deceased fram. 1957_, ta. 11 - 11, 1966, that (1) (we) last 9 - 10 4 may be retained 1966 and that death accurred at 8 p M, fram causes and an the date stated abave. saw the deceased alive an 1 - 71 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. ATTENDING -15-66 M.D. DIRFCTOR PHYS. directar, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 62 GREENE ST CUMBERLAND MARYLAND BURIAL, CREMATION DATE THEREOF LOCATION (City of Town (County) OVAL (Specify) 2Sb. ADDRESS 2Sq. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04595 executed within 24 haurs after death and in by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY Allegany a. STATE b. COUNTY Maryland Allegany lease remave carban papers. Pages 1 and in any event, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 12 wears Frostburg d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET AODRESS e. IS RESIDENCE ON A FARM? filled i (Carlos) Sylvan Retreat NO X YES 3. NAME OF Middle First Lost 4. DATE Month Day Year DECEASED (Type or print) Thursa Fatkin April 1966 DEATH IF UNOER 1 YEAR IF UNOER 24 HRS. S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** birthday) Months Days Hours Female White WIDOWED DIVORCED 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark dane during mast af working life, even if retired) INDUSTRY COUNTRY? attending physician sermit. Then please cate ENGLAND U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIOEN NAME ar remaval, George Adam Edith Griffith WAS DECEASED EVER IN U.S. ARMED FORCES? FROSTBURG, MD. 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, na, ar unknawn) ((If yes give war or dotes of service) GEORGE FATKIN.76 NONE burial, crematian, 1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause priar ta has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate 20a. ACCIOENT WAS UNOERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF OEATH 20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m. Nat While factory, street, office bldg., etc.) at work O HOSPITAL OR ATTENDING at work . 1955 , ta April 30 , 1966 , that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. Jan. 2 director, page 3 shauld should be filed with the saw the deceased alive an April 29 19 66, and that death occurred at 4:50 AM, fram causes and on the date stated above 22o. SIGNATUR 22b. DATE SIGNED ATTENOING M.D. DIRECTOR PHYS. PHYS 22d. AOORESS 22c. PHYSICIAN'S NAME (Type) L. B. Mathews, M.D. 49 Greene St., Cumberland, Md. 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION (Stote) FROSTBURG MEM. PARK Y 2.1966 FROSTBURG 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1966 HOME, 60 20 M 1/66



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY a. STATE attending physician and completely filled in by the 1 rmit. Then please remove carbon papers. Pages 1 n, or removal, and in enveyevent, within 72 hours after ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 4 DAYS MIDLOTHIAN d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 24 NO X MINERS HOSPITAL YES executed within 3. NAME OF First Month Middle Last DATE Day Year DECEASED DEATH (Type or print) 19 BEUT.AH Μ. FINZEL 5. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months Hours Days FEMALE WIDOWED DIVORCED 14. 1906 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) COUNTRY? OWN HOME HOUSE WORK MARYT AND U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS HENDERSHOT ANNA RAISTON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 16. SOCIAL SECURITY NO. 17. INFORMANT FUNERAL DIRECTOR: After this certificate has been signed by the atten irector, page 3 should be detached for use as the burial-transit permit. hould be filed with the State Dept. of Health prior to burial, cremation, or I (Yes, no, or unkown) | (If yes give war or dates of service) JAMES FINZEL. MIDLOTHIAN. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Call IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) 19. WAS AUTOPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of Item 18.) (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While OR ATTENDING I at work at work 1 / 0 1966, that (I) (we) last 1966 21. I certify that (I) (this hospital) attended the deceased from. 19 66, and that death occurred at 3 M. from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE director, page 3 should be filed w STAFF PHYS. ATTENDING PHYS. DIRECTOR M.D. 4 may ADDRESS 22c. PHYSICIAN'S NAME (Type) LESLIE R. MILES. M. LONACONING. MD. 23d. LOCATION (City, town or county) (State 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4-12-66 UNION GROVE CEMETERY CUMBERLAND, MD. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS JOSEPH R. DURST, SR., FROSTBURG, MD. VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04598 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DERTI PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY 2, ond 3 to PM3. Page o. STATE b. COUNTY Allegany Maryland o death. MARYLAND Deportment b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL_ond give neorest town) ofter years Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET AODRESS Item 18. Give Poges 1, Office along with farm hours 00 Stote Oak Street Oak Street 24 hours after deoth. 3. NAME OF First Middle Lost 4. DATE within 72 OECEASEO (Type or print) John Henry DEATH Fishell Anr S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Jost birthdoy) Male White July 28, 1907 WIDOWED 58 DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) INDUSTRY pencil in word "pending" in pencil in the Chief Medical Examiner's Railroad Cumberland, Md. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME This certificate should be executed within John Grimm Ida Grady File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) removol, Mrs. Wm. J. Atkinson, Cumberland, Md. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Occlusion Coronary 0 IMMEDIATE CAUSE (o) writing the word cremotion, DUE TO Sclerosis Coronary Conditions, if ony, which gove 101 rise to immediate couse (a). DUE TO stoting the underlying couse should be forworded OS burial, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Cor-Pulmonale --- Pulmonary Emphysema, Marked the certificate, 0 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work pleose execute ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection or, Inquiry X the funeral director. death resulted fram: Natural causes X Accident Suicide . Hamicide . Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL Apr. 24, 196622. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE_ O DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Dr. Benedict Skitarelic, M.D. Address (Street, city, town, or county) Rt. 9Cumberland O FUNEI Heolth moy NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF Burial (Specify) Apr. 27, 1966 Cumberland, Md. Sunset Memorial

VR A15ME (5)

24. FUNERAL OIRECTOR James F. Scarpelli, Cumberland, Md.

(County)

e. IS RESIDENCE

YES NO

Hours

INTERVAL BETWEEN SNSEE AND DEATH

19. WAS AUTOPSY PERFORMED?

NO

(Stote)

(Stote)

and in my apinian

YES X

(County)

Doy

24

Doys

12. CITIZEN OF WHAT

Daughter

USA

ON A FARM?

Year

19 66

IF UNDER 24 HRS.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

and campletely filled in by the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

	04599		CERTIFICATE	OF DEATH		0	4597
	PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE o. STATE	(Where deceosed lived, if institution b. COUN		efore odmission)
	ALLEGANY		MARYLAND		ARYLAND	ALL	EGANY
	 CITY OR TOWN (If outside corporot write RURAL and give neorest taw 	e limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RUR	AL and give ne	orest town)
	CUMBERLAND	.,	l Day	CUMBERL	AND		01-1
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital,	give street oddress)	d. STREET ADDRESS		-	e. IS RESIDENCE ON A FARM?
b	SACRED HEART HOS	PITAL		214 M	ASSACHUSETTS AV	VE	YES NO
	NAME OF	First	Middle	Lost	4. DATE Month	1	Doy Year
	DECEASED (Type or print) MA	RY	EILEENE	FISHER	OF DEATH APRIL	1	2 19 66
	SEX 6. COLOR OR RA		NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In yeors last birthdoy)	Months Do	
	FEMALE WHITE	WIDOWED	DIVORCED	2-29-20	46 Yrs.	Months Do	ys nours min.
0	. USUAL OCCUPATION (Give kind of world		CIND OF BUSINESS OR		y & Stote, or foreign country)	12. CITIZEN COUNTI	OF WHAT
-	ing most of working life, even if retired) Employee of Pgh	Plate Gla	ss Company	CUMBERLA	ND. MARYLAND	U	.S.A.
	FATHER'S NAME	Was Fall		14. MOTHER'S MAIDEN	NAME	PETAN.	
	Henry	Coleman			Grace Butle	r	
	WAS DECEASED EVED IN ITS ADMED FO	PCES2 16	SOCIAL SECURITY NO. 17. I	NFORMANT	Addres	SS	
E	es, no, or unknown) (If yes give wor or	dotes of service)	19-03-9420	PPIS	CHART		
	18. CAUSE OF DEATH (Enter only o			0	- 1	10	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED B'		moralers	Jacobs F	tulkerall	Remore	ONSET AND DEATH
	3311	DUE TO					- 6
	Conditions, if ony, which gove	(b)					3 ters
	rise to immediate couse (a), (stating the underlying couse (DUE TO					
	last.	(c)		EL SELLO ALLE			
	PART 11. OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
							YES NO NO
	20o. ACCIDENT WAS UNDERLYING		ESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Part I or Part II of item 1B.)		
	OR CONTRIBUTING CAUSE OF DEATH						
	20c. TIME OF INJURY Month, Day,		INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, for		(County)	(Stote)
	Hour o.m. p.m.	19 Whil	e Not While focts	ory, street, office bldg., etc	.)		
			nded the deceased from	4-12	19 66, to 4-12	19 66	that (I) (we) la
	saw the deceased alive	an 4-	12 19 66, and that	death occurred a	t 650 M, from causes of	and on the	date stated above
l	220. SIGNATURE	1				22b. DATE S	
	(as	sexilo	J.M	ATTENDING PHYS.	MED. DIRECTOR PHYS.	4-	13-66
	22c. PHYSICIAN'S	Un		22d. ADDRESS		D 264 D7	T 31217
	NAME (TypeDR. M GV	ICK FOR S	SPIGGLE	Smallwood	St, CUMBERLAN	D, MARY	LWND
30	DEMOVIAL (C : L)	ATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tov		unty) (Stote)
	REMOVAL (Specify)	15/66	Sunset Memor	ial Park	Cumberland A	llegan	y Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer director, page 3 shauld be detached far use as the burial-transit permit. Then please sentance carban papers. Pages 1 an should be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after de-Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

166

23c. NAME OF CEMETERY OR CREMATORY Sunset Memorial ADDRESS

25b REGISTRAR'S SIGNATURE PURCHES Judge

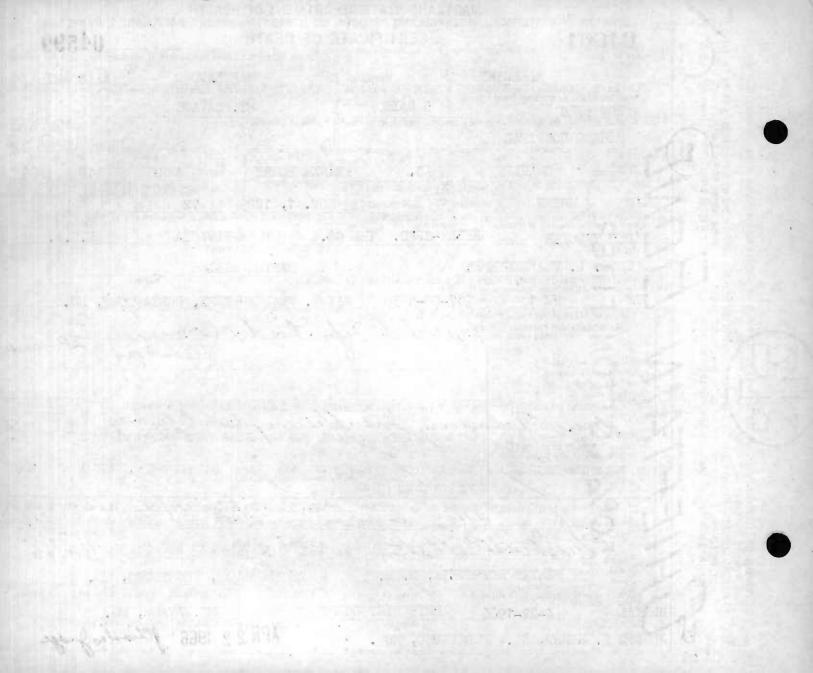
Ruth E. Silcox Cumberland Maryland 21502

25g RECID BY REGISTRAR DATE R 1 8 1966

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	a major i am income 2	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND **CERTIFICATE OF DEATH** filed with PLACE OF DEATH
a. COUNTY 2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) Allegany b. COUNTY Allegany Maryland MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) CRURAL and give negrest town) Life Corriganville d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO-4. DATE NAME OF Middle Month Yeor Oscar Burton (Type or print) Fleegle DEATH April 1966 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthday) Male White Jan. 27, 1898 WIDOWED | DIVORCED | 60 yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Trucking Corriganville, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Fleegle Laura Shatzer 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Md. Address Mrs. O. Burton Fleggle. Corriganville 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Canditians, if any, which gove rise to immediate **DUE TO** cause (a), stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS YES NO E 201. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City ar tawn) (County) (Stote) factory, street, affice bldg., etc.) Hour a. m. While ... Not while at wark at wark p. m. 21. I certify that (1) (this haspital) (attended the deceased fram. and that death accurred at ZAM, from the causes and an the date stated above. 10 019 saw the deceased alive an_ 22a. SIGNATURE Thomas F. Lushy AWND'S MED. DIRECTOR 932 National Highwayress 22c. PHYSICIAN'S NAME (Type) La Vale. Md. - 21504 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, ar county) (State) REMOVAL (Specify) Rest Laum Mem. Gardens Cumberland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25b. AEGUTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR 15M 9/59

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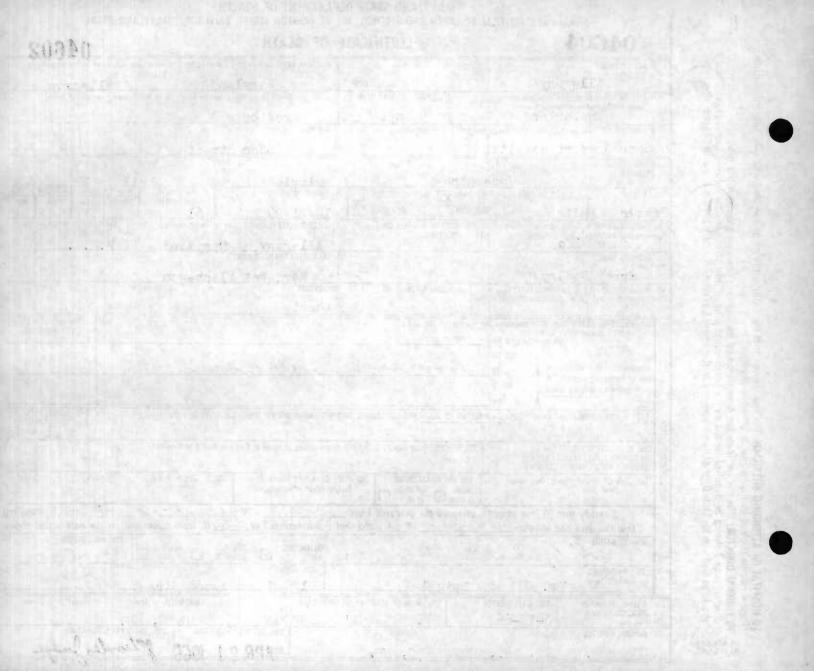
(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
V.E.	04602 CERTIFICATE OF DEATH ()4600
death.	1. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission and country)
after	ATLEGHANY MARYLAND ALLEGHANY
	ATLEGHANY 6. CITY OR YOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND C. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)
-	CIMPERT AND
57	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM?
36	SCARED HEART HOSPITAL 123 N. CENTRE ST. YES NO.
	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DF
-	(Type or print) ATREPTHA T. FRANTZ DEATH 1. 22 19 66 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years Funder 1 YEAR IF UNDER 24 HE
1	last birthday) Months Days Hours Min
-	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT
	CDUNTRY?
-	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME
	PEDDY PEDE
-	DEERY DEET? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address
	(Yes, no, or unkown) (If yes give war or dates of service) PT 'S CHART
2	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY. INTERVAL BETWEEN DNSET AND DEATH
	PART I. DEATH WAS CAUSED BY: DISET AND DEATH IMMEDIATE CAUSE (a) CONGRISTIVE HEART FRILURGE
	14 O DUE TD
	Conditions, If any, which) ARTHERO SCLEROTIZE HEART DISEASE
	gave rise to Immediate Cause (a), stating the DUE TO
	underlying cause last. (c)
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	PRACTURE LEFT M.P 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	PERFORMED? YES NO. 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY DCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) B. C. CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
- 1	
	Hour a.m. While Not While factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from $\frac{1}{2}$, $\frac{19}{2}$, to $\frac{19}{2}$, to $\frac{19}{2}$, that (I) twe) last
	saw the deceased alive on
	22a. SIGNATURE 22b. DATE SIGNED
	melical Level M.D. ATTENDING MED. STAFF PHYS. + 25-66
,	22c. PHYSICIAN'S 22d. ADDRESS 22d. ADDRESS
1	DR. MICHAE GLICK . 126 N. SMALLWOOD ST. CHMBERIAND MD.
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME DF CEMETERY OR OREMATORY 23d. LDCATION (City, town or county) (State)
1	A. FUNERAD DIRECTOR ADDRESS 1 25a. REG'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
X	Lavis Steen Inc - Curlo Md. APR 27 1966 Icharles Judge
/ :	100 1 100 1

A SECRETARY OF THE PROPERTY OF

LAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY MARYLAND c. LENGTH OF STAY IN 1b . IS RESIDENCE ON A FARM? YES NAME OF Middle DECEASED (Type or print) A (In yau (in years IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED Months Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? BUSINESS OR INDUSTRY WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give wer or dates of service) 18. CAUSE OF DEATH [Entar only ona ceuse per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) gava risa to immedieta cause DUE TO (e), steting the underlying ceuse lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2Df. (City or town) (County) (Stata) fectory, street, office bldg., etc.) Not While While Hour a.m. at work et work P.m. 21. I certify that (I) (this hospital) attended the deceased from......., saw the deceased alive on hearth 19.66, and that death occurred at ...M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR 22d. ADDRESS 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME CEMETERY OR CREMATORY 0 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04604 CERTIFICATE OF DEATH tely filled in by the funeral rbon popers. Pages T and 2 , within 72 hours after death. requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND Maryland Allegany CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) c. CITY DR TDWN (If outside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Cumberland Days Frostburg d. NAME DF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 52 Sacred Heart Hospital YES NO G 49 Linden Street pou. 3. NAME OF 4. DATE Last Month Day Year DECEASED (Type or print) OF DEATH Josephine Glorius April nomy even IF UNDER 1 YEAR S. SEX 9. AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs Female White WIDOWED DIVDRCED 10/21/04 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)
House wile 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? the ottending physicion sit permit. Then pleose INDUSTRY and Allegany
14. MOTHER'S MAIDEN NAME Maryland II.S.A 13. FATHER'S NAME signed by the ottending physi burial-transit permit. Then pl burial, cremation, or removal, Frank Dailey Margaret Flahhagan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give war or dates of service Chart 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH BRONCHO PNEUMONIA IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove PULMONARY EMPHYSE MA rise to immediate cause (a), DUE TO stating the underlying cause os the prior to hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) PHYSICIAN: The CERTIFICATION ND 🔀 YES | by the hospital or TO FUNERAL DIRECTOR: After this certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Month, Doy, Year Nat While Hour a.m. factory, street, affice bldg., etc.) at wark OR ATTENDING at wark 1964, to 4 ~ 160, 1966, that (1) Twe) last 21. I certify that (1) (this hospital) attended the deceased from_ JAN Poge 4 moy be retoined 19 66, and that deoth occurred at 650M, from couses and on the dote stoted above. saw the deceased alive on 4 4 16 22b. DATE SIGNED 22a. SIGNATURE ATTENDING 4-19-66 director, poge 3 should be filed v M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 126 N Smallwood Street Dr. Glick & Spiggle 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) BURLAN (Specify) 4-19-66 ST. MICHAEL'S CEMETERY FROSTBURG. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 JOSEPH R. DURST, SR., FROSTBURG, MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04605 CERTIFICATE OF DEATH executed within 24 haurs after death death by the funeral Pages 1 and 2 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) O. COUNTY COUNTY O. STATE AND b. COUNTY ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) 89 vears CUMBERLAND ely filled in b ban papers. within 72 ha d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 825 LAFAYETTE AVE. NO PE 3. NAME OF carban First Middle Lost 4. DATE Month Dov Yeor campletely DECEASED GEORGE GRAY APRIL 19 66 E. (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years the attending physician uper constant then please remove **NEVER MARRIED** March 28, Hours MALE WHITE and in any WIDOWED W DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYPS CUMBERLAND. MD. requires that the death certificate Retired Antique ar-Outh 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, GEORGE GRAY ANNA GONSO IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service Mrs. Eugene Mason, Cumberland, Md. no 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit g PASET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO r this certificate has been si detached far use as the b te Dept. af Health priar to b stoting the underlying couse Carde Vascular Chaire WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) State Dept. af Health NO. 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Yeor (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased from 1966, 19___, that (1) (we) last to. director, page 3 shauld shauld be filed with the and that death accurred at 8:27M, RoM causes and an the date stated above. saw the deceased olive on 4 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) OVERTON HIMMELWRIGHT 133 VIRGINIA AVE. CUMBERLAND. MD. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) BIREMOVAL (Specify) Apr.6.1966 Camp Hill Cemetery Paw Paw.W. V ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Charles James F. Scarpelli, Cumberland, Md. 1966

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04606 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. sly filled in by the funeral oan papers. Pages I and within 72 haurs after deal PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CUMBERLAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 123 S. SMALLWOOD MEMORIAL HOSPITAL NO X 3. NAME OF remave carban 4. DATE First Month the attending physician and completely sit permit. Then please remave carban Lost Dov Year DECEASED THEODORE HAENFTLING WALTER APRIL 19 66 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 9. AGE (In years 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH **NEVER MARRIED** birthdoy) Months Davs Hours WHITE MALE WIDOWED DIVORCED 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? and GARRETT. PA. Machinist Helper 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remaval, GILBERT E. HAENFILING EMMA APPEL 123 S WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Catherine Harriftling Smallwood (Yes, no, or unknown) (If yes give wor or dotes of service HOSPITAL - CUMBERLAND, MDS No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse has been see as the left the priar take Page 4 may be retained by the haspital ar attending lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION Health NO O FUNERAL DIRECTOR: After this certificate To 200. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While ot work ot work 21. I certify that (I) (this haspital) attended the deceased fram 19____, that (1) (we) last 1966, and that death accurred at M. from causes and an the date stated abave. saw the deceased alive an_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DR. S. G. WEISMAN GREENE ST., CUMBERLAND directar, should be 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION REMOVAL (Specify) 4/4/66 Sunset Memorial Park Cumberland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wayne George Cumberland.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04608 CERTIFICATE OF DEATH funeral and 2 after death PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany a. STATE Maryland Allegany npletely filled in by the carbon papers. Pages 1 ant, within 72 hours after MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) hours Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Davidson Street Allegany County Infirmary NO X YES within NAME DE First Middle DATE Last Month Day Year DECEASED n and comple remove carb many event, April Mary Ellen Heier (Type or print) 66 DEATH 19 executed 6. COLOR OR RACE DATE OF BIRTH AGE (in years | IFUNDER 1 YEAR | IFUNDER 24 HRS 7. MARRIED NEVER MARRIED birthday) Months Days Hours White Female WIDOWED IX DIVORCED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY d by the attending physician ransit permit. Then please cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be COUNTRY? Westernport, Maryland S. Housewife A. Own Home 13. FATHER'S NAME Rosie Belle Clupp James Henry Cavey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Address Cumberland, Md 17. INFORMANT P.C.Bex 599 death ((Yes, no, or unkown) (If yes give war or dates of service) County Infirmary records. Allegany None CAUSE DF DEATH (Enter only one cause per line for (a), (b), and (e). INTERVAL BETWEEN requires that the been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I, DEATH WAS CAUSED BY: attending physician. IMMEDIATE CAUSE (a) eccep Conditions, If any, which rise to immediate (a), stating the has be as th underlying cause last. The law CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO PRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? certificate 0 YES T NO T hospital PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) this certification of I OR CONTRIBUTING CAUSE OF CEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) det factory, street, officebidg., etc.) a Hour a.m. While Not While After be at work at work retained should ith the S 21. I certify that (I) (this hospital) attended the deceased from 166, 19 that (I) (we) last 166 and that death occurred at A . saw the deceased alive on. _M, from the causes and on the date stated above. 0 OIRECTO SIGNATUR ATTENDING 22b. DATE SIGNED 22a. MED. DIRECTOR OR M.D. PHYS PHYS. may pa age 4 may HOSPITAL PHYSICIAN'S ADDRESS 22C. 22d. director, p Mathews, NAME (Type) Lee Greene St. Cumberland. FO Hu BURIAL, CREMATION, 23a. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 2 Cumberland Mary Cemetery 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | VR A15 (4) Byron Ki Cumberland, Md 20M 1/65

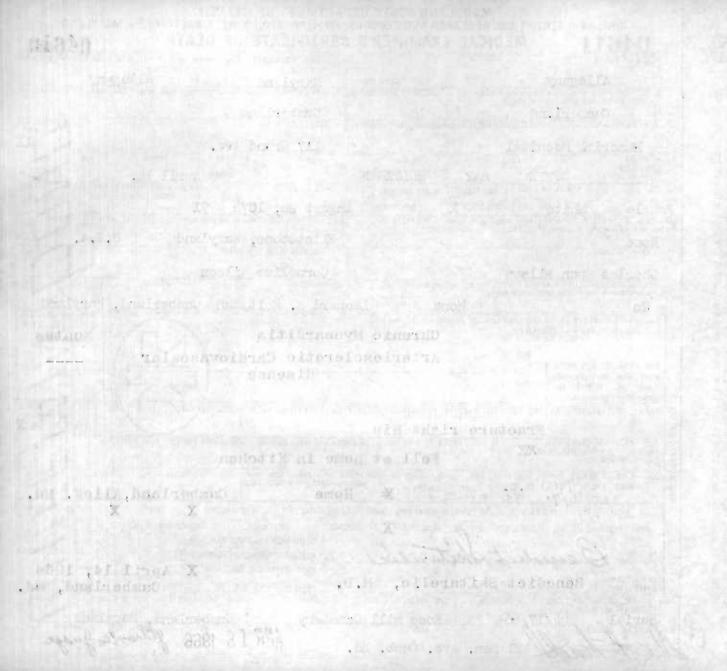
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral hours after death. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE DF DEATH a. CDUNTY a. STATE MARMLAND b. GOUNTY ALLEGANY ALLEGANY ve carbon papers. Pages 1 event, within 72 hours after by the MARYLAND c. GITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. GITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) CUMBERLAND .= CUMBERLAND 40YEARS e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) and completely filled femove carbon papers ON A FARM? 800 BEDFORD STREET 24 BEDFORD STREET ND P executed within 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED DEATH 19 66 (Type or print) MARY HINZE APRIL AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS OATE OF BIRTH 5. SEX 6. GOLDR OR RACE 7. MARRIED X NEVER MARRIED 8. last birthday) Months Days Hours any FEMALE WHITE WIDOWED DIVORGED BIRTHPLACE (County & State, or foreign country) 12. GIT IZEN OF WHAT GOUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 1Da. USUAL OCCUPATION (Give kind of work done) removal, and in attending physician rmit. Then prease death certificate be during most of working life, even If retired) WABASH. USA CHOOL TEACHER COUNTY SCHOOLS INDIANA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME BERTHA WHITE FRANK SOWERBY Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDGIAL SECURITY ND. | 17. INFORMANT the attenuit permit. or (Yes) no. or unknwn) (If yes give war or dates of service) H. FRANK HINZE CUMBERLAND. 216 22 7136 cremation. INTERVAL BETWEEN CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PHYSICIAN: The law requires that the the hospital or attending physician. ONSET AND DEATH signed by urial-transit PART I. OF ATH WAS CAUSED BY: Reticulum Cell Sarcoma with generalized metastases 6 vears burial-t burial, OUE TD Cenditions, if any, which (b) been gave rise to immediate as the prior to DUE TO (a), stating certificate has the the for use as to the for use as to the form of Health prior underlying cause last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT GONDITIONS CONTRIDUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X DESGRIBE HDW INJURY OGGURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING After this certif be detached for State Dept. of h DR GONTRIBUTING GAUSE OF DEATH (IF EITHER, NDTIFY MEDIGAL EXAMINER) (State) MEDICAL (County) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) 2Dc. TIME DF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While After While retained by ATTENDING at work at work p.m November 19 60 to Kpril 27 . 1966 that (I) (we) last DIRECTOR: A age 3 should lied with the 3 P 21. I gertify that (i) (this hospital) attended the deceased from and that death occurred at 8:20M, from the causes and on the date stated above. saw the deceased alive on April 22b. DATE SIGNED 22a. SIGNATURE ATTENDING K MED. P Page 4 may be 4-30-66 director, page should be filed DIRECTOR PHYS. FUNERAL 22d. ADDRESS PHYSIGIAN'S NAME (Type) MECHANIC ST. CUMBERLAND. 414 WYAND DOERNER. (State) 23d. LOCATION (Gity, town or county) NAME OF CEMETERY OR CREMATORY BURIAL, GREMATION, 23b. OATE THEREOF REMOVAL (Specify) 2 CUMBERLAND .1966 HILLCREST BURTAL REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 25b. 25a. ADDRESS 24. FUNERAL OIREGTOR BYRON MIGHT CUMBERLAND, MD. 6 VR A15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Allegany Allegany MARYLAND Maryland Allegany
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) Department after death. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Cumberland Cumberland e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? the State 72 hours a YES NO. Memorial Hospital 117 Grand Ave. EXAMINER: This certificate should be executed within 24 hours after death. If any delance certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and should be forwarded to the Chief Medical Examiner's Office along with form PM3. 3. NAME OF 4. OATE Middle Last OECEASEO 1966 (Type or print) MAY HOLTZMAN DEATH April 1/4 and 2 with event within AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) | Months | Days WIDOWED X DIVORCED August 26, 1674 Female White 10a. USUAL OCCUPATION (Give kind of work done | 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Flintstone, Maryland U.S.A. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelius Wilson Charles Swan Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) permit. F Leonard E. Holtzman Cumberland, Maryland No None 18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH cremation, or PART I. DEATH WAS CAUSED BY: Chronic Myocarditis Months IMMEDIATE CAUSE (e) DUE TO Arteriosclerotic Cardiovascular Conditions, If any, which disease gave rise to immediate DUE TO cause (a), stating the underlying cause last. used as to burial WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? NO X Fracture right Hip 3 should be agent, prior 1 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING XX Fell at home in Kitchen MEDICAL 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (State) (County) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) :00 a.m. While at work at work Home Cumberland, Alleg 1906 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection X, Inquiry X. TO FUNERAL DIRECTOR: of Health or its design Accident X. Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER for your 22. OATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 14, 1966 EXAMINER'S Benedict Skitarelic, M.D. director. retained Address (Street, city, town, or county) Cumberland, Md. 23d. LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY Burial Rose Hill Cemetery Cumberland. Maryland PUNERAL DIRECTOR ADDRESS VR A15ME (5) 21 Mem. Ave. Cumb. Md.



any event, within 72 haurs after deat campletely filled in by the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DURST, SR.,

CERTIFICATE OF DEATH

1 2 IISHAI RESIDENCE (Where deceased lived, if institution: Residence before admission)

		COUNTY	ALLEGANY		MARYLA	ND	a. STATE MARY	LAND	b. COU	NTY AL	LEGANY	7
			f outside corporate limit	s,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If or	utside corpo	prote limits, write RU	RAL ond give	neorest town	n)
		FROST	give nearest town) BURG		26 DAYS		FROS	TBUR	G, RT. 2,		11-	1
	d. 1		AL OR INSTITUTION (If no	ot in hospital, g	ive street address)		d. STREET ADDRESS				e. IS R	RESIDENCE A FARM?
1		MINER	S HOSPITAL									ND X
		ME OF CEASED		rst	Middle J	TI C	Lost PKINS	4. DATE	ADDIT		Day	Year 19 66
	(Ty	pe or print)			~			DEAT	9. AGE (In years	IF UNDER 1	_	NDER 24 HRS.
	S. SEX		6. CDLDR DR RACE		NEVER MARRIED		B. date of birth IAR . 23, 190	10	birthdoy)	Months	Days Hou	
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	during	SUAL OCCUPATION most of working LABORER	(Give kind of work done life, even if retired)		ND DE BUSINESS DR PUSITORY		11. BIRTHPLACE (County MARYLA)		foreign country)	CDU	IZEN DE WHA	5.A.
	13. FA	ATHER'S NAME					14. MDTHER'S MAIDEN	NAME				
	R]	ICHARD H	HOPKINS				EVA	DICK	EY			
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	ris st la	onditions, if ony, se to immediat toting the under und	e cause (a), rlying couse	TO (b) (c)	RENCK	ED ID	THE TERMINAL DISEASE CD	NDITIDN GI	IVEN IN PART I(a)		4-los	AUTOPSY ORMED?
	CER!		S UNDERLYING CAUSE DF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HDW INJURY OCC	URRED.	(Enter nature of injury in	Part I or P	Part II of item 18.)		YES	ND ND
	= 1	Oc. TIME DF INJU Hour a.n p.r	JRY Month, Day, Yeor n. 19	While at work	Not While at work	fact	CE DF INJURY (Home, farr ory, street, office bldg., etc.)		(Cou	nty)	(State)
		saw the d	eceased alive on		ded the deceased f	ram_ nd tha	death occurred at	9:00	M, from causes	and an th	ne date sta	l) (we) last ated abave.
No.		22a. SIGNATURE 22c. PHYSICIAN'S	OME	Lang		M.	22d. ADDRESS	MED. DIRECTOR		ap	VESIGNED VZG	1966
/		NAME (Type		CLANE,	M. D.		E	. MAI	N ST., FR	OS'TBUF	lG, MD	•
	23o.	BURIAL, CREMATIC	23b. DATE TH		23c. NAME DE CEMET				LOCATION (City or TO		(County)	(Stote)
	04 /	CUMEDAL DIDECTO			ADDDECC .		250 DEC	D DV DECK	CTDAD QCD D	IZ Z'ANDIZIDA	CNATHER	

VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be terunian by my contribute has been signed by the attending physical FUNERAL DIRECTOR: After this certificate has been signed by the attending physical forms of the principle of the principle. directar, page 3 shauld be detached for use as the burial-transit permit. Then for shauld be filed with the State Dept. af Health prior ta burial, crematian, or remaval

Page 4 may be retained by the haspital or attending physician.

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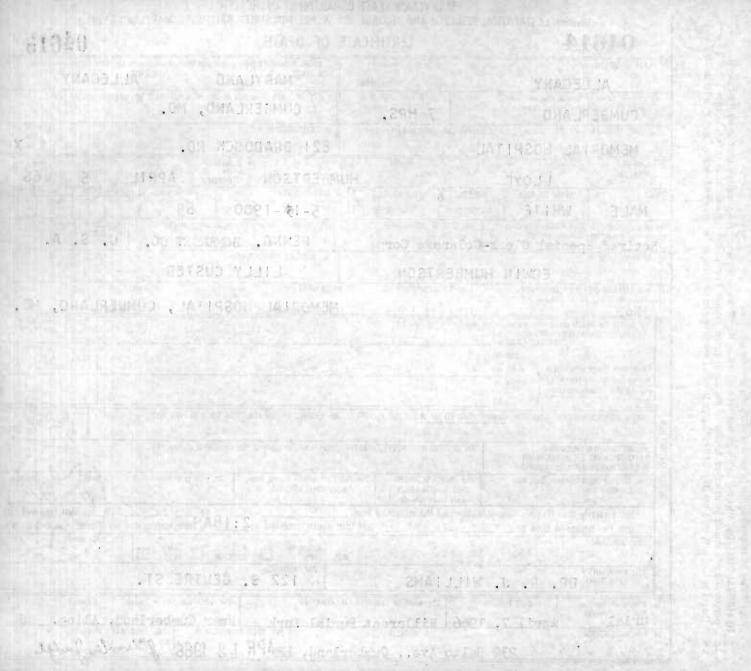
04613 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Allegany Marvland Allegany b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Lonaconing Frostburg d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Miners Hospital Douglas Avenue YES NO T NAME OF First Middle 4. DATE Last Month Year OF DEATH (Type or print) James 19 66 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthday)
58 yrs. 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Male WIDOWED | DIVORCED T June 7,1907 Popers. 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most af warking life, even if retired) 12. CITIZEN OF WHAT COUNTRY Retired Railroad Employee Midland, Maryland U.S.A. mave corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Richard Hotchkiss Elizabeth Shearer hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs.Margaret Hotchkiss Lonaconing, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Carcinoma, hogenic IMMEDIATE CAUSE (a) DUE TO Regional & distant melastasis 15 months Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? remla neumonia YES NO TY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year (County) (State) Haur a. m. factory, street, affice bldg., etc.) Not while at work at work 16, 1966, 10 21. I certify that I attended the deceased from March .. 1966, that I last saw the deceased Lebe, and that death accurred at 11:00 PM, from the causes and an the date stated above. ADDRESS (Street, city ar town, state) ACTUAL roadwa PHYSICIAN'S Alvin J. Walters NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) Cemetery 166 Laurel Moscow. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE George Eichhorn Lonaconing. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04614 CERTIFICATE OF DEATH death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH o. STATE MARYLAND b. COUNTALLEGANY o. COUNTY ALLEGANY MARYI AND 24 haurs after haurs after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, CUMBERLAND. MD. HRS. IS RESIDENCE ON A FARM? filled in d. NAME DF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS papers. event, within 72 BRADDOCK RD. NO X MEMORIAL HOSPITAL Middle DATE Month 3. NAME OF First Lost Doy Year carban DECEASED 19 66 APRIL HUMBERTSON LLOYD DEATH (Type or print) executed IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years S SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Doys Months Hours WHITE 5-15-1900 and in any MAI E WIDOWED DIVDRCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Retired Special Clerk-Celanese Corp PENNA. SOMERSET CO. requires that the death certificate physici 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, LILLY CUSTER EDWIN HUMBERTSON 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service MEMORJAL HOSPITAL, CUMBERLAND, MD. No crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), fand (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (QY. DUE TO signed ! burial. Conditions, if ony, which gove rise to immediate cause (a), DUF TO as the priar tak stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION far use State Dept. of Health NO / 205. DESCRIBE HDW INJURY DCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. -Not While foctory, street, office bldg., etc.) at work 21. I certify that (I) (this hospital) attended the deceosed fram. and that peath accurred at 2:18 A Mrom causes and on the date stated above saw the deceased alive an A 22h. DATE SIGNED 220. SIGNATURE M.D. DIRECTOR PHYS. PHYS , page 3 be filed 22d. ADDRESS 22c. PHYSICIAN'S S. CENTRE ST. R. J. WILLIAMS 122 NAME (Type) DR. directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, Burial (Specify) Near Cumberland. April 7, 1966 Hillcrest Burial Park 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 230 Balto Ave., Cumberland,



P 1 SHOULDER FE America Garage and City BATTERSTON AND BEING March 13 Party SECHIEF OF STREET Arteria de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición dela composición dela compo ordial composity and smenf'di Call The series of the Control of th APR 20 1986 Allender Suige Little Tydding Amerikaan pages a Mad (1991) is an ei

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LY!	04616 CERTIFICA	TE OF DEATH 04616
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland Allegany
-	Allegany MARYLAND b. CITY DR TDWN (if outside corporate limits, c. LENGTH OF STAY IN 1	
	write RURAL and give nearest town) Cumberland 67 years	Cumberland 0/-/
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address	d. STREET ADORESS 6. IS RESIDENCE DN A FARM?
-	. 101 Park Street	101 Park Street YES ND
	3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year OF
	(Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Kelly Death Apr. 4 1966 8. Date of Birth 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS
	Female White WIDOWED DIVORCED	March 30,1899 67 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
l	Housewife Own Home	Cumberland, Md. USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Harry Howard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	Anna Sisco / INFDRMANT Address
	(Vest no ar unknum) (If yest nive way not dates of sayvice)	Informant Address Ar. John C. Kelly, Cumberland, Md.
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CUTE LEFT	ONSET AND DEATH
١	4 201 OUE TO	VISA INTOCKAN THIL VICE JOSE STATE
	Conditions, If any, which) CORONARY A	RTZRIOSCLEROSIS AND 4415?
	gave rise to Immediate (cause (a), stating the DUE TD	1/4-2
	underlying cause last. (c) My CCA RE	FIATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	PERFORMED? YES \ NO \(\bar{\mathbb{L}} \)
	20à. ACCIDENT WAS UNDERLYING DEATH OR CONTRIBUTION COLOR OR CONTRIBUTION COLOR OF CHARLES OF CHARLES OR CHARLE	CURREO. (Enter nature of Injury In Part I or Part II of Item 18.)
	20a. ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	p.m. 19 at work at work	
	21. I certify that (I) (this hospital) attended the deceased from	MARCH 16, 1962 to APRIL 4, 1966, that (1) (we) las
1	saw the deceased alive on CORCIT 15 19 66, and t	nat death occurred at GA M, from the causes and on the date stated above
	22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
		22d. ADDRESS
	22c PHYSICIAN'S NAME (Type) Sr. Samuel M. Jacobson, M	50 Pershing St., Cumberland, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMET	
1	Burial Apr. 7,1966 Greenmount	Cemetery Cumberland, Md.
	James F. Scarpelli, Cumberland, Md	100 1000 60/. 1. 0
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and 2 death. hours after death PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY by the fine Pages 1 ars after Allegany Maryland Allegany MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENCTH OF STAY IN 1b Barton 64 Yrs. Barton carbon papers. ent, within 72 h d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO E YES within completely 3. NAME OF First Middie Last DATE Month Oay Year DECEASED OF Richard (Type or print) Earl DEATH Keves April 19 66 executed 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SFX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS last birthday) | Months | Days Hours Male White WIDOWED | Feb. 24. 1902 DIVORCED T 10a. USUAL OCCUPATION (Cive kind of work done during most of working life, even If retired) 10b. KINO OF BUSINESS OR INOUSTRY physician n please val, and in 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Plasterer Self-Employed Marvland U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Richard E. Keyes. Mary Muir 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. 이 (Yes, no, or unkown) (If yes give war or dates of service) cremation, Mrs. Elsie Keves Barton, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN requires that the ONSET AND DEATH P I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) burial-tr burial, o **OUE TO** Conditions, If any, which (b) peen gave rise to immediate DUE TO cause (a), stating the underlying cause last. PHYSICIAN: The law PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO D 0 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for the Dept. of I OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While After at work at work P 21. I certify that (I) (this hospital) attended the deceased from 196 DIRECTOR: saw the deceased alive on and that death occurred at 2 AM, from the causes and on the date stated above. 3 showith 22a. SICNATURE 22b. OATE SICNED M.D. **OIRECTOR** director, pag should be fill O HOSPITAL PHYSICIAN'S 22d. AOORESS NAME (Type) William W. Lesh. MD Main St. Westernport, Md. 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 4/18/66 Laurel Hill Cemetery Moscow Mills 25b. RECISTRAR'S SICNATURE FUNERAL OIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 24. Westernport, Maryland VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04618 requires that the death certificate be executed within 24 haurs after death. puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH physicion ond completely filled in by the funerolen please remove corbon gapers. Pages I ond deo o. STATE b. COUNTY o. COUNTY ALLEGANY MARYLAND ALLEGANY MARYLAND c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)

CUMBERLAND c. LENGTH OF STAY IN 1b CUMBERLAND 19 Days d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street oddress) d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? hin 72 436 N. CENTER ST. SACRED HEART HOSPITAL YES NO 4. DATE 3. NAME OF Middle Lost Month Doy Year First DECEASED 19 66 Mary Keyser Mantha DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years SEX 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** the ottending physicion ona varing sit permit. Then please remove birthday) Months Doys Hours 11-2-1897 FEMALE WHITE WIDOWED DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INDUSTRY** Eckhart, Md. Housewife

13. FATHER'S NAME Own home 14. MOTHER'S MAIDEN NAME SARAH BONE JOHN STEWART Cumb. Md. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give wor or dates of service) centre St. Mr. Olin 436 N None INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for a) (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) 4201 DUE TO Conditions, if ony, which gave rise to immediate cause (o), DUE TO stoting the underlying cause O FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PHYSICIAN: The MEDICAL CERTIFICATION be detached for use State Dept. of Health TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 moy be retained by the hospitol or 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) 20c. TIME OF INJURY Manth, Day, Year Hour a.m. factory, street, affice bldg., etc.) Nat While at wark at work 21. I certify that (I) (this hospital) attended the deceased from 3 - 2 / , 1966, ta 4 - 9 , 1966, that (I) (we) last saw the deceased alive on 1965 and that deoth occurred at 500 AM, from couses and on the date stated above. director, poge 3 should should be filed with the saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. M.D. PHYS. 22d. ADDRESS 22c. PHYSICIÁN'S GREENE ST., CUMBERLAND, MD NAME (Type) B. SCHINDLER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Rose Hill Cemetery Cumberland 112/66 Burial ZSa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS Wayne George Cumberland.

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04620 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY b. COUNTY Hamsphire °West Virginia Allegany MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporote limits, c LENGTH OF STAY IN 1b Cumber land Maryland 8 days Romney West Virginia d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 276 E. Main St. Romney W. Va. Sacred Heart Hospital YES NO 3. NAME OF Middle 4. DATE Year DECEASED Kirk 4/2/66 Mary A. 19 (Type or print) DEATH 9. AGE (In years IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Hours White Female WIDOWED K DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Hampshire County W.Va. 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME Virginia (Parsons) Arnold George S. Arnold 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service Susan B. Arnold, Romney, West Virginia No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ANEMIA IDIOPATHIC NO DO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. factory, street, office blda., etc.) 21. I certify that (1) (this hospital) attended the deceased from 3-25, 1966, to 4-2 . 19 66 that (H) (we) lost 19/2 (e., and that death accurred at 9A M, fram causes and an the date stated above. saw the deceased alive an 4-22b. DATE SIGNED 4/2/66 22o. SIGNATURE M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 2 126 N. Smalhwood MICHABI -UMBERLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23o. BURIAL, CREMATION (County) (Stote)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after death. funeral and PLACE DE DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY etely filled in by the fi rbon papers. Pages 1 , within 72 hours after e b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Marvland Alleghany MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 11-Cumberland Cumberland days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 439 Walnut Street NO X Sacred Heart Hospital YES completely pou NAME OF First Middle Last 4. DATE Month Day Year DECEASED event. (Type or print) DEATH 1966 April Klosterman SEX 6. COLOR OR RACE remove DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) any Months Days Hours EE WIDOWED DIVORCED 67 10a. USUAL UCCUPATION (Give kind of work done) physician n please ru val, and in .= 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) death certificate be TI COUNTRY? Maryland At Home 14. MOTHER'S MAIDEN NAME been signed by the attending ph the burial-transit permit. Then is to burial, cremation, or removal Bessie Worsing Jerry Jerry 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Chart None 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating has b as th prior underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate NO T YES 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) t, of this ce detached e Dept. o 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) After t d be de s State Hour a.m. While Not While retained by at work at work p.m. DIRECTOR: Af age 3 should liled with the S 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on and that death occurred at M. from the causes and on the date stated above. 22a. SIGNATURE DAJÉ SIGNED Page 4 may be page . MED DIRECTOR PHYS. M.D. PHYS. FUNERAL PHYSICIAN'S 22d. ADDRESS tor, Blane Schindler M.D. director should b BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Buria Sunset Memorial Park MAR Cumberland Rt3 Maryland 24. FUNERAL DIRECTOR REC'D BY REGISTRAR ADDRESS 25b. AREGISTRAR'S SIGNATURE Ruth E. Silcox Cumberland Maryland 21502

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04623 CERTIFICATE OF DEATH deoth. The law requires that the deoth certificate be executed within 24 haurs after deoth puo 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) physicion and completely filled in by the funerol en pleose remove carbon papers. Pages 1 ond 1. PLACE OF DEATH a. COUNTY ALLEGANY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 DAY CIMBERLAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 147 POLK ST. SACRED HEART HOSPITAL NO X 3 NAME OF Middle Lost 4 DATE Doy Year First DECEASED LEASURE 7) 66 APRIL ENDCH F. 19 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH AGE (In years 7. MARRIED birthdoy) Hours Doys 5-10-1896 MALE WHITTH WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY > during host of working life, even if retired) ond 13. FATHER'S NAME ROSE MC KENZIE LEASURE JAMES S. LEASURE IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, may your nown) (If yes give wor or dotes of service 0 PATTENT'S CHART cremotion, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) ONSET AND DEATH -transit PART I. DEATH WAS CAUSED BY: signed by 1 buriol-trans IMMEDIATE CAUSE (o) ottending physician. DUE TO buriol, Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse hos been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(97) PERFORMED? YES O FUNERAL DIRECTOR: After this certificate PHYSICIAN: Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18. 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work at work 19 (e) that (1) (we) last 19 66 ta 21. 1 certify that (1) (this haspital) attended the deceased fram. be retoined 19 66, and that death accurred at 135 M, fram causes and an the date stated above. saw the deceased aliveran. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S 456 N. NAME (Type) CENTRE ST .. LEY. CUMBERLAND. MD LEO directar, should b NAME OF CEMETERY OR CREMATORY 23d_LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH funeral after death. réath. PLACE DF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Allegany b. COUNTY Maryland after Allegany MARY! AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. 172 hours ? Pag Oldtown Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE within 72 ON A FARM? Allegany County Infirmary NO X YES etely 3. NAME DE Middle Last DATE Month Day Year DECEASED DF DEATH April 23, Sue Susie Almira McFarland event. (Type or print) 19 Color 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months 8/27/1883 Hours White Female WIDOWED 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY = 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT attending physician rmit. Then please r and COUNTRY? Housewife certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal George McFarland Chrismore Margaret P.O. Box 599, Address Cumberland. Md 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or r 16. SOCIAL SECURITY NO. 17. INFDRMANT (Yes, no, or unkown) (If yes give war or dates of service) County Infarmary records. no CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE signed DUE TO Conditions, If any, which peen gave rise to immediate the to DUE TO cause (a), stating the has be as th prior 1 underlying cause last. NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate CERTIFICATI PERFORMED? YES T NO T this ce. PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) (State) factory, street, office bldg., etc.) Hour a.m. While After Not While at work at work P 21. I certify that (I) (this hospital) attended the deceased from. 3/66, 19 DIRECTOR: age 3 should lied with the saw the deceased alive on... 166 and that death occurred at A M, from the causes and on the date stated above. SIGNATURE 8:20 22a. 22b. DATE SIGNED page ATTENDING STAFF PHYS. DIRECTOR X M.D. HOSPITAL TO FUNE...
director, pr PHYSICIAN' 22d. ADDRESS Mathews. Tiee Greene St. Cumberland. Md. TO he Page BURIAL, CREMATION, 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Apr. 26.1966 Oldtown M.E. Cemetery Oldtown 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE James F. Scarpelli, Cumberland, Md. VR A15 (4) 20M

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1881 Allantis CHOCK TOTAL COUNTY NEWSTON GREEN IN A their state to be desired to be a selected to be a select Per- 16 Physics - 1 2 2 2 2 2 2 2 3 et 11 - 12 V Course of Course of Course of Course of Cook of the sile that of the of Alloren Courty Infigures; reer win. - Committee of the state of the More B. Marier, a. u. His has a constant, the Later the state of and the same of the same

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04625 FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Page b. COUNTY at ALLEGANY after death. MARVIAND ALLEGANY delay Department b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and T. TPETTME FROSTBURG d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? haurs alang with farm 20 TAYLOR STREET 20 TAYLOR Item 18. Give Pages ate NO X after death. 3. NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED EMMETT GUIRE within MC APRIL 28 1966 (Type ar print) DEATH with 1 S SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours WHITE MALE WIDOWED event and 10o. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT FROSTBURG. MARYLAND dny pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 0 PETER MC GUIRE MARGARET EAGAN File pup 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT APROSTBURG, MD. be executed permit. (Yes no or unknown) (If yes give wor or dotes of service burial, cremation, ar removal, pending" MRS. EMMETT 20 TAYLOR STREET 218-05-6865 MCATEER. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit SAME THE WATE OCCLUSION CORONARY IMMEDIATE CAUSE (o) shauld writing the ward DUE TO SCLEROSIS Conditions, if ony, which gove CORONARY rise to immediate couse (o), certificate DUF TO 0 stoting the underlying couse lost. nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO I YES its designated agent, priar ta pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) 5 may be retained far yaur O FUNERAL DIRECTOR: Page Not While of work please execute ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection XX Inquiry 📆 ond in my apinion the funeral directar. Suicide death resulted from: Natural causes Accident Hamicide be retained Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY April 28, 1966 DEPUTY MEDICAL EXAMINER ar **EXAMINER'S** Address (Street, city, town, or county) Cumberland. M.D. SKITARELIC, M.D. Health NAME (Type) BENEDICT BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURIAL (Specify) 1966 MICHAEL'S CEM FROSTBURG Lowers FROSTBURGS 2So. REC'D BY REGISTRAR FUNERAL HOME, 60 W. MAIN VR A15ME (5) 1966 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04626 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death pup 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY ALLEGANY ALLEGANY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 1 DAY FROSTBURG CUMBERT AND vithin 72 ha e. IS RESIDENCE ON A FARM? campletely filled in d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 122 WALNUT ST SACRED HEART HOSPITAL YES NO 3. NAME OF Middle Last DATE Month Dov Year First emave carban DECEASED EVELYN MARTE KENZIE APRIL 12 1966 (Type or print) DEATH IF UNDER 24 HRS. 9. AGE (In years IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED (ast birthday) Manths Haurs Days 3-9-19 PEMALE WHITE WIDOWED DIVORCED 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign cauntry) 10a, USUAL OCCUPATION (Give kind af wark dane 10b KIND OF BUSINESS OR COUNTRY? during most of working life even if retired) SHAFT, MD 14 MOTHER'S MAIDEN NAME OFFICE 13. FATHER'S NAME JENNIE STEVENSON ERNEST B. MCKENZTE 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) PATIENT'S CHART 215-10-4447 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: Poma-IMMEDIATE CAUSE (a) DUF TO Canditians, if ony, which gave rise ta immediate cause (a), DUF TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO YES for 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Nat While ot work at work 21. I certify that (I) (this haspital) attended the deceased fram. , 19___, that (I) (we) last . 19 . ta M, fram causes and an the date stated above. 19 and that death accurred at saw the deceased alive an 22b. DATE SIGNED 22a. SIGNATURE MED. DIRECTOR STAFF PHYS. 4-12-66 X M.D. 22d. ADDRESS 22c. PHYSICIAN'S 113 S. CENTRE ST., CUMBERLAND, MD. NAME (Type) VICENTE M. VALLS, MD. directar, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF BUREMAVAL (Specify) FROSTBURG, MD. FB'G. MEMORIAL PARK 25a REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 JOSEPH R. DURST, SR., FROSTBURG, MD.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) e. COUNTY Page a. STATE Health, Allegany files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) your d of Lonaconing, Md.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Boar retained the State B Home of Friend Corwin Hotel 115 death. NAME OF DECEASED Middle and 3 to the fundamental and 3 to the fundamental and 3 to the fundamental and 3 to the Stories after dea (Type or print) DEATH John James Melvin 9. AGE (In years | IF UNDER TYEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH thin 24 hours after dea Give Pages 1, 2, and 3 orm PM3. Page & may File pages 1 and 2 wit vent within 72 hours e last birthdey) Male WIDOWED DIVORCED Sept. 5 60 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Superviser Celanese Corp. Midland, Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John William Melvin Effie Morris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. with Yes Elizabeth Stemple, Keyser, W. Va. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] " in pencil in It Office along v burial-transit p PART I. DEATH WAS CAUSED BY: Occlusion Coronary IMMEDIATE CAUSE (a) DUE TO removal Sclerosis Coronary Conditions, if eny, which (b) "pending" geve rise to immediate cause (0) DUE TO 98 (a), steting the underlying writing the word "pendin Chief Medical Examiner's 6 cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY CERTIFICATION pluods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of Item 18.) age 3 short PRIMARY OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) While Not While fectory, street, office bldg., etc.) the S et work at work prior O.B. 21. I certify that I took charge of the remains described above, held an Autopsy |]. Inspection X DIRECT agent, Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DIT ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINERXX April 17. EXAMINER'S SKITARELIC. MD. NAME (Type) Address (Street, city, town, or counts Cumberland, Md. 22c. NAME OF CEMETERY OR CREMATORY 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) 740 ters Cemetery Burial 23. FUNERAL DIRECTOR

b. COUNTY

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Address

Inquiry

Mineral

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(County)

Months

e. IS RESIDENCE ON A FARM?

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IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? NO X

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DATE SIGNED

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04628 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Allegany 0 ot deoth. MARYLANO Maryland Allegany delay and 3 1 Department b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town rland after Cumberland 22 years d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? re State Deg 72 hours a olong with form 809 Maryland Ave. D.O.A. Memorial Hospital Item 18. Give Pages YES NO TO 24 hours ofter death. 3 NAME OF First Middle 4. DATE Month Lost Doy Year DECEASED April 19 66 12 Miller within Harvey Jacob Type or print DEATH IF UNOER 1 YEAR AGE (In years IF UNDER 24 HRS. S. SEX OATE OF BIRTH 6. COLOR OR RACE 7. MARRIEO NEVER MARRIED Le tost birthdoy) Months Oovs Hours Jan. 10,1924 White Male WIDOWED OIVOR CED 10o. USUAL OCCUPATION (Give kind of work done 10b, KINO OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Fairhope, Penna. d "pending" in pencil i Chief Medical Examiner pencil 14 MOTHER'S MAIOEN NAME pod in o 13. FATHER'S NAME be executed within Elsie R. Deneen Charles D. Miller ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service removal Mrs. Ella Hall, Cumberland, Md. Sister INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION 0 IMMEDIATE CAUSE (o) writing the word This certificate should cremation, DUE TO CORONARY SCLEROSIS AND HYPERTENSIVE Conditions, if ony, which gove rise to immediate couse (a). CARDIOVASCULAR DISEASE OUF TO 0 stoting the underlying couse forwarded 90 burial, nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMEO? CERTIFICATION NO please execute the certificate. designated ogent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) plnods PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) may be retained for your FUNERAL DIRECTOR: Page at work ot work Inquiry XX Inspection X 21. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion the funeral director. deoth resulted from: Noturol couses X Accident . Suicide . Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 5 may be reta
TO FUNERAL DII
Health or its d 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE X O DEPUTY OEPUTY MEDICAL EXAMINER APRIL 12, 1966 **EXAMINER'S** SKITARELIC, M.D. BENEDICT Address (Street, city, town, or county) Cumberland. Md. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) PI REMOVAL (Specify) Apr. 15, 1966 Miller Cemetery Fairhope, Penna. 250. REC'O BY REGISTRAR 2Sb._ REGISTRAR'S SIGNATURE 24. FUNERAL OIRECTOR James F. Scarpelli, Cumberland, Md. VR A15ME (5)

APA LE 1966 Programme de la APA

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) b. COUNTY Allegany ny delay is 2, and 3 to PM3. Poge o. COUNTY o. STATE Allegany of Marvland after deoth. MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town)
Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS hours Office along with form 403 Pennsylvania Av 403 Pennsylvania Avenue pencil in Item 18. Give Pages YES NO K after death. NAME OF First Middle 4. DATE Last Manth Day Year DECEASED 19 66 Myrtle Miller April A . (Type or print) DEATH SEX Female 9. AGE (In years 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Glast birthday) Manths Days Hours White May 24, 1898 WIDOWED DIVORCED ond 2 event 10a. USUAL OCCUPATION (Give kind af wark dane during mast of working life, even if retired) HOUSEWITE 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? Cumberland . Md . pages I in any d "pending" in pencil in Chief Medical Exominer's 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within John H. Norris Amanda Belle Ruby File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service removal. Walter W. Logue, Cumberland, Md. no 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY: Coronary Occlusion ONSEL AND DEATH 0 IMMEDIATE CAUSE (a) certificate should writing the ward 4201 cremation, DUE TO Coronary Sclerosis Canditians, if any, which gave rise to immediate couse (a), DUE TO stating the underlying cause forworded 00 buriol, used 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO DE please execute the certificate. YES pe designated ogent, prior to 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should should PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City ar tawn) (Caunty) (State) foctory, street, office bldg., etc.) Not While at work of work 21. I certify that I taok charge of the remains described obove, held on Autopsy Inspection [X] Inquiry X, and in my opinion moy be retoined for FUNERAL DIRECTOR: the funerol director. deoth resulted from: Noturo couses /Accident Suicide Homicide Undetermined monner be retoined CHIEF MEDICAL EXAMINER Apr. 28, 1966 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL FXAMINER SIGNATURE > TO DEPUTY 0 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) Rt. 9, Cumberland . Md. Heolth Dr. Benedict Skitarelic. N. D. NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION (County) (State) 50 REMOVAL Specify) May 2,1966 Mt. Herman Cemetery Cumberland. Md.Allegany 24. FUNERAL DIRECTOR 2Sg. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15ME (5) DATEMAY 1966

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04630 CERTIFICATE OF DEATH I in by the funeral ners. Pages 1 and 2 72 hours after death, requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE W. o. COUNTY b. COUNTY ALLEGANY MINERAL arbon papers. Pages 1 nt, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest tawn) write RURAL and give negrest town) RIDGELEY 1 day CUMBERLAND d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) SACRED HEART HOSPITAL Alona St. YES \ NO V 3. NAME OF First Middle 4. DATE Month Yeor DECEASED 1966 Teo Vernon Mills April (Type ar print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Hours MALE WHITE WIDOWED DIVORCED 7-7-13 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Electrician COUNTRY? INDUSTRY MARYTAND Cumberland Construction 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CARRIE MAE Imes Leroy V. Mills 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Ridgeley, W. (Yes, na, ar unknown) (If yes give war ar dates of service 217-10-4688 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) -transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed Conditions, if ony, which gove rise to immediate cause (a). DUE TO stating the underlying couse hos been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO X 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or tawn) (Caunty) (State) TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Day, Year Haur o.m factory, street, affice bldg., etc.) Nat While at work 21. I certify that (I) (this haspital) attended the deceased fram_ 3-1 , 19 66, to 4-6 . 19 66that (1) (we) last be retained 4- 6 19 66, and that death accurred at 2:03PM, fram causes and an the date stated above. saw the deceased alive an director, page 3 sho should be filed with 22b. DATE SIGNED 220. SIGNATURE STAFF PHYS. ATTENDING DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Smallwood St. Cumberland. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, REMOVAL (Specify) 4/9/66 Hillcrest Burial Park Cumberland, Maryland Burial 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Cumberland, Maryland H. Wayne George VR A15 (4) Marley 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04631 CERTIFICATE OF DEATH tilled in by the funeral papers. Pages 1 and 2 within 72 hours after deathy law requires that the deoth certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY ALLEGANY MARYLAND ALLE GANY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) BARTON DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS MEMORIAL HOSPITAL YES \ NO T carbon 3. NAME OF First Middle Lost 4. DATE Manth Doy Year DECEASED THOMAS MOWBRAY APRIL 22 19 66. (Type ar print) DEATH IF UNDER 1 YEAR S. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years ast birthdoy) Months Days Hours MALE WHITE WIDOWED 7-18-1889 DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind af wark done 11. BIRTHPLACE (Caunty & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY ? the ottending physician sit permit. Then pleose and BARTON. MD. Miner Coal Mine A. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN MOWBRAY MARY DARLING WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates af service MEMORIAL HOSPITAL CUMBERLAND, MD no 216-09-2980 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed l Conditions, if any, which gove rise to immediate cause (a) DUE TO stoting the underlying couse be retained by the hospitol or ottending this certificate hos been last. 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO YES Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II af item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. factory, street, affice bldg., etc.) Nat While at wark O FUNERAL DIRECTOR: After at work 21. I certify that (I) (this haspital) attended the deceased from. 19 6, that (I) (we) last ploods and that death accurred at 5:12M, from causes and on the date stated above 1966 saw the decased alive an_ 226. DATE SIGNED 22a. SIGNATURÉ **ATTENDING** DIRECTOR PHYS director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S DR. S. G. WEISMAN NAME (Type) GREENE ST. . CUMBERLAND. MD. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 4/24/66 Laurel Hill Moscow Mills Mef ADDRESS 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Westernport, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04632 CERTIFICATE OF DEATH and 2 and 2 death. 24 hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the f Pages 1 urs after ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) hours write RURAL and give nearest town) = 13 MONTHS McCOOLECUMBERLAND ly filled ir n papers. ithin 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? THORNE NURSING HOME 221 CARROLL STREET ND X YES letely executed within remove Carbon In any event, with 3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED ALBERT B . MULLAN (Type or print) APRIL DEATH 66 19 5. SEX 6. COLOR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) Months I Days Hours MALE WHITE WIDOWED [DIVORCED JULY 21,1887 78 Ξ 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician lease and in pe INDUSTRY COUNTRY? MACHINIST & 0. RR ALLEGANY MARYLAND USA death certificate attending phys ermit. Then ple in, or removal, a 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM T. **CALLAN** ANNA CARLOS 15. WAS DECEASED EVER INU.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMANT Address permit. (Yes, no, or unkown) (If yes give war or dates of service) I-transit perm II, cremation, (NO PAUL A. MULLAN CUMBERLAND. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) been s'he buria, burial, DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. 38 CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? certificate ND T YES 20a. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) tached f Dept. of MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (Clty or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work DIRECTOR: A age 3 should lied with the 3 b 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M, from the causes and on the date stated above saw the deceased alive on and that death occurred at. 22a/ SIGNATURE 22b. DATE SIGNED pe page filed MED STAFF Page 4 may t DIRECTOR PHYS. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) 2 20,1966 ST. PETER & PAUL CEMETERY CUMBERLAND, MD FUNERAL REC'D BY REGISTRAR I 25b. REGISTRAR'S SIGNATURE CUMBERLAND," VR A15 (4) 20M 1/65

TO THE WALLEY TO THE TOTAL TOT PACHENIST R. 6 0. AR ALLEGARY MARYLAND WITH WILLIAM II BRILAN C 7 I PAUL A. MULLAN COMBURESSO, NO. BURGALY APRIL 20/1965 ST. PETER & PAUL CENETERY CUMBERLAND, NO. CHURSTINE CONDESSIONS, NO. ATT 2 2 1865 Pro-Charge

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04633 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death by the funeral Pages 1 and 2 deat 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY VIRGINIA ALLEGANY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

RIDGELEY b. CITY OR TOWN (If outside corporate limits, 4 DAYS ban papers. within 72 ha the attending physician and campletely filled in sit permit. Then please remave carban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL 178 MAIN STREET NO A 3. NAME OF Middle First 4. DATE Lost Month Day Year DECEASED JASON NELSON APRIL 15, 19 66 Clinton or remaval, and in any event, (Type or print) DEATH SEX 8. DATE OF BIRTH IF LINDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years birthdoy) Doys Hours DEC. 1892 WHITE MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired)
Ret. Calendar Rm. INDUSTRY COUNTRY? WEST VIRGINIA Colly-Tire 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME DAVID NELSON MARY E. KETTERMAN 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) MEMORIAL HOSPITAL -CUMBERLAND. MD. Yes crematian, INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (a)? (b), and (c burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (of signed t DUE TO burial Conditions, if ony, which gove rise to immediate couse (o) DUE TO far use as the t f Health prior to b stoting the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) CERTIFICATION NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work

21. 1 certify that (1) (this haspital) attended the deceased fram 2

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saw the deceased alive an

DR.

R.

220 SIGNATURE

22c. PHYSICIAN'S NAME (Type)

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR:

directar, page 3 shauld be filed v

VR A15 (4) 20 M 1/66

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) Sunset Memorial Park Cumberland. Maryland 4/17/66 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE H. Wayne George Cumberland. Maryland Melarles

M.D.

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PHYS 22d. ADDRESS

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. be executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1.	PLACE DF DEAT	Н		2. USUAL RESIDENCE	E (Where deceased lived,	If institution: R	tesidence	before ad	mission)
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_	b. CITY DR TDV	VN (if outside corporate limits,	MARYLANO c. LENCTH OF STAY IN 1b		outside corporate limi				t town)
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_	CUMBERLA		2 DAYS	CUMBERLAN	ID .		01	- /	
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SACRED HEART HOSPITAL YMCA							Y		NO X
3.	NAME OF	First	Middle	Last	4. DATE	Month	Oay	Yea	ır
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_	10			PATIENT'S C	HARE				
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CERTIFICATION	DR CONTRIBUT	WAS UNDERLYING [20b. ING CAUSE DF DEATH ITIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	KREU. (Enter nature of	injury in Part I or Par	t II of Item 18	.)		
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		REJE 10. Dalle	M.0	. PHYS.	DIRECTOR PHYS.		6-66		
	22c. PHYSICI. NAME (T		17 100	22d. ADDRESS	3.700 GW3.6704				
		ype, RALPH W. BALLI	N, MD.	62 GREE	NE ST. CUMB	ERLAND,	MB.		
23:	BURIAL, CRES	MATION, 23b. DATE THEREOF	allegany	OR CREMATORY	23d. LOCATION (C	ity, town or con	inty)	m &	ate)
24	. FUMERAL DIR	ECTOR,	ADPRIESS	25a. REC	O'D BY REGISTRAR 25	. REGISTRAR	-	TURE	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEP

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04635PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) CUMBERLAND O. STATE MARYLAND b. COUNTYALLEGANY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Cumberland Md. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS (D.O.A. Memorial Hosp 129 Greene Street 3. NAME OF Middle Last 4. DATE Month DECEASED M. Powell April F 2I. (Type or print) Ernest DEATH S. SEX AGE (In years 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Dovs DIVORCED WIDOWED Male White June 16. I905 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? Policeman City of Cumberland West Virginia U.S.A 13. FATHER'S NAME MOTHER'S MAIDEN NAME Walter J. Powell Mary Allender 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address No Wrs Ernest M. Powell. Cumberland CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY-Sudden DEATH Occlusion Coronary IMMEDIATE CAUSE (o) DUE TO Sclerosis Conditions, if ony, which gove Coronary rise to immediate couse (a). DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)

20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) (County) Not While factory, street, office bldg., etc.) ot work ot work Inspection XX. 21. I certify that I taak charge of the remains described above, held an Autopsy XXI. Inquiry XX and in my apinian death resulted fram: Accident Natural causes X Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER 22. DATE SIGNED

SIGNATURE	Senodiel X Kila	helle M.D.	ASSISTANT MEDICAL EXAMINER L
EXAMINER'S			DEPUTY MEDICAL EXAMINER
NAME (Type)	Benedict Skitarelic,	M.D.	Address (Street, city, town, or cou

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, REMOVAL (Specify)
Burial St. Mary's Cem

25o. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Cumberland

(County)

(Stote)

April 21, 1966

IS RESIDENCE ON A FARM?

YES NO

19 66

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

9. WAS AUTOPSY PERFORMED? YES 🔼 NO

VR A15ME (5)

FUNERAL DIRECTOR

PRIMARY Or CONTRIBUTING

CAUSE OF DEATH.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH death. funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY the 1 b. COUNTY after after ALLEGANY MARYLAND ATTEGANY MARYLANO by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) oon papers. Pag within 72 hours hours FROSTBURG DAYS .= CUMBERTAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled e. IS RESIDENCE d. STREET ADDRESS ON A FARM? SACRED HEART HOSPITAL 34 WASHINGTON ST. NO X YES completely ye carbon p executed within NAME OF DATE First Middle Last Month Day Year DECEASED MARTE 机械条件并 PRICE 16th, 1966 EVA APRIT (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Ist birthday) | Months | Oays | Hours | Min. 5. SEX 6. COLOR OR RACE 8. OATE OF BIRTH 7. MARRIED NEVER MARRIED WHITE FEMALE. WIDOWEO [DIVORCED 9-9-96 9 and in 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12, CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician pe COUNTRY? HOUSEWIFF MARYTAND USA certificate removal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending parmit. Then ERNEST SCHELL OLLIE CROSS en signed by the attend burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address death (Yes, no, or unkown) (If yes give war or dates of service) PATIENT'S CHART INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. PART I. DEATH WAS CAUSED BY: BILATIZEAL RUNCHO NEUMONIA IMMEDIATE CAUSE (a) DUE TO SYNDROME Conditions, If any, which LUBEN director, page 3 should be detached for use as the bishould be filed with the State Dept. of Health prior to be gave rise to immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? INSUFFICENCY YES 🖂 NO MORISNAL 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (Clty or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 4-10 21. I certify that (I) (this hospital) attended the deceased from 19 6 6 to 4-16. 1966, that (1) (we) last 19.46, and that death occurred at 4.36M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENOING MED. DIRECTOR Page 4 may b M.D. PHYS. PHYS. ADDRESS PHYSICIAN'S 22d. NAME (Type) (xhick 126 MALL WOOD D N. LUMBERLAN] 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 4-19-66 F'bg. Memorial Park Frostburg, Md. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR FROSTBURG, MD. 1966 JOSEPH R. DURST. SR., VR A15 (4) 15M 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04637 CERTIFICATE OF DEATH executed within 24 haurs after death completely filled in by the funeral ave carban papers. Pages 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COUNTY EGANY MARYLAND MARYLAND ALLEGANY

c. CITY OR TOWN (If outside carporote limits, write RURAL and give neorest town) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 CUMBER LAND CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL 130 SEYMOUR ST. YES NO 3. NAME OF Middle 4. DATE First Last Month Year DECEASED BERTHA PROUDFOOT APRIL 24 19 66 (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Haurs Days FEMAL F WHITE OCT. 1889 WIDOWED DIVORCED OLLO 11. BIRTHPLACE (County & Stote, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during mast of working life, even if retired) INDUSTRY please WEST VIRGINIA gud requires that the death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava HARRY COLEMAN LUCETTA. DUGAN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, or unknown) ((If yes give war or dotes of service MEMORIALM HOSPITAL 6 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY signed by t IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a). DUE TO stoting the underlying couse as the Page 4 may be retained by the haspitol or ottending this certificate has been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO b 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (County) (State) 20c. TIME OF INJURY Month, Day, Year (City or town) factory, street office bldg., etc.) Hour o.m. at work at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital attended the deceased from 1 19 _ that (1) (we) lost M, from causes and on the date stated above. directar, page 3 shauld should be filed with the and that death occurred at saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING PHYS DIRECTOR 22d. ADDRESS 226. PHYSICIAN'S DR. R. J. WILLIAMS CENTRE ST. CMMBERLAND, MD. NAME (Type) 23a. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Cumberland, Allegany, 11/27/66 Hillcrest Cemetery 24.) FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Cumberland, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 04638 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Maryland Allegany MARYLAND Allwganv b. CITY OR TOWN (If autside carparate limits, write RURAL and give pearest tawn)
Cumber Land c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest tawn) Mt. Savage Rural 13 Days d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Seared Heart Hospital 1 YES NO 3. NAME OF Middle Lost 4. DATE Month Day Year DECEASED Rice William E. 1966 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** 7 (ast birthdoy) Days Hours WIDOWED DIVORCED Male White 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12, CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY & A Maryland Allegany Coal Mining Miner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sadie Resser Perry Rice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates af service) Chatt 215-10-1231 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: remonto IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise ta immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Hour a.m. foctory, street, office bldg., etc.) Not While at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram_______ 24 1966, and that death accurred at 1025M, fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE ATTENDING STAFF PHYS. -26-66 PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S 59 Greene Street NAME (Type) Prychykanis Dr. Weisman 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL CREMATION. (Caunty) (State) REMOVAL (Specify) Mt. Savage, Md. St. George's Cemetery 1-28-66 Burial 250. REC'S BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Frostburg, Md. Joseph R. Durst, Sr.,

DATE

TO FUNERAL DIRECTOR: After this certificate has been the 50 detached director, page 3 shauld be filed v VR A15 (4) 20 M 1/66

requires that the death certificate be executed within 24 haurs after death

sly filled in by the funeral van papers. Pages 1 and within 72 haurs after death

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signed by the burial-transit p

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND Marvland leghany c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b write RURAL and give nearest town) oon papers. Pag within 72 hours = 1 day Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 169 Goethe Street YES NOK Sacred Heart Hospital within etely carbon NAME OF DATE Middle Last 4. Month Day DECEASED compli (Type or print) DEATH 19 66 Jesmond April Robertson executed 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 7. MARRIED NEVER MARRIED WIDOWED 60 OIVORCED [6-18-63 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

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INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be COUNTRY? Housekeeper At Home Pa, ARU 13. FATHER'S NAME MOTHER'S MAJOEN NAME Mary Diehl 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address 5 (Yes, no, or unkown) (If yes give war or dates of service) the atte t permit cremation, None chart 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial DUE TO Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating the underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO F YES [0 this cerum detached fo 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work p.m. at work 21. I certify that (I) (this hospital) attended the deceased from TO FUNERAL DIRECTOR: director, page 3 shoul should be filed with the -24 and that death occurred at saw the deceased alive on M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR M.D. HOSPITAL PHYSICIAN'S 22d. ADDRESS NAME (Type) Dr. L. Brings Greene Street 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION, REMOVAL (Specify) Sunset Memorial Park Cumberland Rt3 Maryland 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Ruth E. Silcox Cumberland, Maryland VR A15 (4) 20M 1/65

PEOPP H real land a series herder admen Marine en read 9 h Dr. L. Trings APR 27 1968 PELANTE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STA MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLANO Department after death. essary, funeral CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) Cumberland Cresaptown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADORESS ON A FARM? 4 hours after death. If any delay Item 18. Give Pages 1, 2, and 3 to the along with form PM3. Page State hours D O A Sacred Heart Hospital YES NO X 3. NAME DF First Middle DATE Month Day Year Lest 4. the 72 DECEASED Robinette Haves Elwood April 17. 19 66 DEATH (Type or print) 2 with within 6. COLOR OR RACE | 7. MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. NEVER MARRIED last birthday) | Months | Davs Hours I White Male WIOOWED T OIVORCEO Oct. 1888 l and 2 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INOUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Self employed USA Barber Flintstone. Md. 13. FATHER'S NAME MOTHER'S MAJOEN NAME Henry Clay Robinette Minerva Jane O'Neil XAMINER: This certificate should be executed within 24 hor certificate, writing the word "pending" in pencil in Item ould be forwarded to the Chief Medical Examiner's Office. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) permit. Mrs. Mildred Hershberger-Box 233 Cresantown. No INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH Sudden PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit Occlusion Coronary **OUE TO** Sclerosis Coronary Conditions, If any, which (b) geva risa to immadieta DUE TO cause (a), stating the 107 used as a to burial, underlying ceusa lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) WAS AUTOPSY 19. CERTIFICATION PERFORMEO? NO KOK YES 3 should be agent, prior t 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While CTOR: Page designated at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion plnods DIRECTOR: Undetermined manner Natural causes Accident Suicide Homicide death resulted from: CHIEF MEDICAL EXAMINER for your 22. DATE SIGNED Page ACTUAL ease execute ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER April 17. 1966 0 FUNERAL I Address (Street, city, town, or county) Cumberland, Md. EXAMINER'S Benedict Skitarelic director. NAME (Type) 23d. LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 Cumberland, Maryland
REC'D BY REGISTRAR'S SIGNATURE 1966 Hillcrest Burial Park Apr. 24. FUNERAL DIRECTOR 25a. MAPR Marley VR ALSME (5) John J. Hafer, 230 Baltimore Ave. Cumberland. 1/65

the factors Lattened Juney Burned F. O. C. The limit of udrawide Newly , bould x -- often ale 1 0ct. 1, 18c8beyolden that Choice of the Change of Model Jumy Clay Johnstie 2142222961 Mrs. Mildred Hershberger-Box 273 Orend Lows, and San Thunk · · · · attended to benefit the Bunders . Controlled Bart Lated Section Child . The Late Laters to Both B. Berrey and Marketone age, combestion, in his are but year of the first

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		b. CITY OR TOWN (if outside write RURAL and give ne CUMBERLAND		c. LENGTH OF STAY IN 1b	61 MARP	(If outside corporate I		85.3
Z		SACRED HEART		ospital, give street address)	d. STREET ADDRES	ENTER AVE.		e. IS RESIDENCE ON A FARM? YES NA
		NAME OF DECEASED (Type or print)	First DOROTH		ROWE		Month 4- 29	Day Year 19 66
		EMALE WHI	TE WIDOWED	DIVORCED	8-9-1924	41 last bi	Irthday) Months D	YEAR IF UNDER 24 HRS. Hours Min.
	duri	USUAL OCCUPATION (Give king most of working life, ever INSPECTOR	if retired)	CIND OF BUSINESS OR NDUSTRY TEXTILES	CUMBER	(County & State, or foreign MARY LA)	COU	IZEN OF WHAT INTRY?
		FATHER'S NAME CARL SPRIGGS				IE E.		GS ELBIN
	(Yes	WAS DECEASED EVER IN U.S., no, or unkown) (If yes give wa		218-12-5619	HUSBAND	HAROLD ROW		ley, W. Va. PENTER AVE.
		PART I. DEATH WAS CA	/)	line for (a), (b), and (c).1	Polis	1	4	INTERVAL BETWEEN ONSET AND DEATH
		Conditions, If any, which gave rise to immediate cause (a), stating the	DUE TO	until f	land 1	listone		Jeon
	ATION	underlying cause last. PART II. OTHER SIGNIFICANT	(c)CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINA	AL DISEASE CONDITION (GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	CERTIFICATION	20a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICA	LYING 20b. E OF DEATH L EXAMINER)	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature	of Injury In Part I or	Part II of Item 18.)	1123 110 [A]
	MEDICAL	2Dc. TIME OF INJURY Mon Hour a.m. p.m.	th, Day, Year 2Dd. While 19 at wor	Not While facto	CE OF INJURY (Home ry, street, office bldg	, farm, 2Df. (City or ., etc.)	town) (Coun	ty) (State)
		21. I certify that (I) (I saw the deceased aliv			death occurred a	1950, to the		that (I) (we) last date stated above.
		22a. SIGNATURE 22c PHYSICIAN'S	-other) M.D	ATTENDING PHYS.	MED. STA		29/66
	23a.	NAMÉ (Type)	. Blaine So.	chindler 1 23c. NAME OF CEMETERY		43 Greene	St. Cumbe	erland, Md. (State)
		REMOVAL (Specify)	5/2/66	Sunset Memo	rial Park	Cumbi	erland, Md	
	24.	FUNERAL DIRECTOR		ADDRESS	d. DAMA		ZOD! KEUIOTKAKO	AT TOTAL

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 hours after death and deat 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY ALLEGANY ALLEGANY MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) papers. Pag write RURAL and give nearest tawn) 23 DAYS CUMBERLAND CUMBERLAND e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 534 GREENE ST. SACRED HEART HOSPITAL NO carbon 3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED Carl Herbert Sell 66 April 19 (Type or print) DEATH S. SEX 8. DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Haurs MALE WHITE K 11-13-02 DIVORCED WIDOWED 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY? INDUSTRY Cumberland. Md. requires that the death certificate USA 14. MOTHER'S MAIDEN NAME FATHER'S NAME the attending physisit permit. Then p MARGARET 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, np_or unknown) ((If yes give war or dates af service) PATIENT'S CHART 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) p DUE TO signed Conditions, if ony, which gave rise to immediate cause (a). DUE TO stoting the underlying couse as the O FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO. en far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4 detached (IF EITHER, NOTIFY MEDICAL EXAMINER' 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm. (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldg., etc.) at wark 21. I certify that (1) (the hospital) attended the deceased from October, 1965, to 4-9, 1966, that (1) (we) last be retained saw the deceased alive an 19 66, and that death accurred at 2500/M, fram causes and an the date stoted above. 22a SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS 22d. ADDRESS 22c PHYSICIAN'S director, pur 108 HARRISON ST., CUMBERLAND, MD. NAME (Type) WILLIAM WOLVERTON. MD. 23c. NAME OF-CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION (County) FENOVAL (Specify) 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

 FOR STATE
HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay it please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. the State Department 72 hours after death. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and E with of Health or its designated agent, prior to burial, cremation, or removal, and in any event within TO DEPUTY MEDIC

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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

OACAR

		1150 500
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: a. STATE b. COUNTY	Residence before admission)
Allegany	West Virginia	V
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURA	L and give neerest town)
Cumberland DOA	Aurora	8.5 - 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Sacred Heart Hospital DOA	Box 21	YES NO T
3. NAME DF First Middle	Last 4. DATE Month	Day Year
OECEASED (Type or print) Harry W Sha	han DEATH April 8	19 66
	8. DATE OF BIRTH 9. AGE (In years IF UNDE	R 1 YEAR IF UNDER 24 HRS.
Male White WIDDWED DIVDRCED	6/6/19/2 Jast birthday) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
during most of working life, even if retired) ELECTRICIAN HAIROAL	MARYLAND	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
HARRY WILLIAM SHARAN	CORA DIEHL	
15. WAS DEDEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFDRMANT Address	, 9
105 W.W.IL 217-10-1997 X	Euclow N. Shehan	work Jula
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (8) COPONARY	Thrombosis Left	Sudden
H201 DUE TO		
Conditions, If eny, which) (b) Coronary	Sclerosis, Left	
gave rise to immediate cause (a), stating the DUE TO		
underlying cause lest. (c)		
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTDPSY PERFORMED?
CAT		YES NO
PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELL 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCUPANTS OF CAUSE OF DEATH.	URREO. (Enter nature of injury in Part I or Part II of Item 1	8.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		ounty) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA factor with the p.m. 19 at work at	ory, street, office bldg., etc.)	
21. I certify that I took charge of the remains described above, he	eld an Autopsy XXI. Inspection XXI. Inquiry	and in my opinion
	icide . Homicide . Undetermined manne	
death resulted from Hatard Cooses and Hatard Co	CHIEF MEDICAL EXAMINER	
SIGNATURE Denedict Skitarelia	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		3, 1966
EXAMINER'S Benedict Skitarelic, M.D.	Address (Street, city, town, or county cumber)	
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL Specify)	Y DR CREMATORY 23d. LOCATION (City, town or c	
24. FUNERAL DIRECTOR ADDRESS		R'S SIGNATURE
The other The They have the form Dad	with DATAPR 15 1966 Achien	1. 1 ::

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	J.	A		0464	4		CERTIFICAT	E OF DEATH			04644
requires that the death certificate be executed within 24 hours ofter deoth	by the funeral Bages 1 and 2 hours offer reath	VI)		PLACE OF DEATH					(Where deceosed lived, if institu		e before odmission)
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offe	les ofte			. CITY OR TOWN (If outside corporate limit	s,	c. LENGTH OF STAY IN 1b		outside corporate limits, write RI		
Jrs	Page urs			write RURAL and	give neorest town)		1 Day	D 3	0		011
hot	s.				AL OR INSTITUTION (If no	ot in hospitol, o		d. STREET ADDRESS	Cumberland		e. IS RESIDENCE
24	ed in	57						Rt. #	6 Triple La	bac	ON A FARM? YES NO X
È.	ely filled in by the fun- bon papers. Pages 1 , within 72 hours ofter	12	3	Sacred	Heart Hos	oital	Middle	lost		nth	Doy Year
*	completely f	13/1		DECEASED	Man bo 8	Dankha		800.	OF		
pa	carl ent,		S.	Type or print)	6. COLOR OR RACE	Bertha 7. MARRIED	Marie Never Married	Shuck 8. DATE OF BIRTH	9 AGE (In years	ril TiFUNDERI	
ecu	in the same of the						DIVORCED		lost hirthdoy)		Doγs Hours Min.
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ate	pleose pleose			FATHER'S NAME	ewife	0	wn home	W.Va.	Horseshoe	I MX	WX U S A
ŢĘ.	by the attending physicion and cransit permit. Then please effected cremotion, or removal, and in ay		13.	PAINER 3 NAME		0 .		14. MUTHER 5 MAIDEN			
e	The		16	WAS DESCRISED BY	William			WEODINANIA	Anne V. Lark		
ath	it.		(Ye	s, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service)		INFORMANT	Add		
de	attendin permit. ion, or re			No.				r. Vouglas I	. Shuck Rt. #	3 Raw	
the	the sit p			18. CAUSE OF DI	ATH (Enter only one cou TH WAS CAUSED BY:						ONSET AND DEATH
hat	by the ransit cremot	357			IMMEDIATE CAUSE	(o) Acut			dent, presumed		
icio	유부 등			4201	DUE			morrhage			10 hours
uir	signed burial-ti burial, c			Conditions, if ony, rise to immediat	a couse (a)				rotic Cardiova	s-	
rec	e b	N in		stoting the unde		TO	cular dise	ase			years
aw	os the			lost.		(c)					
he	sos o e o pr		×	PART II. OTHER SI	GNIFICANT CONDITIONS O	ONTRIBUTING T	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)		19. WAS AUTOPSY PERFORMED?
: T	icote ho for use Heolth	0	ATI(ocardia	l infarctions	and chronic	c failure.		YES NO
AN	ficote for u		CERTIFICATION	200. ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCCURRED). (Enter noture of injury in	Port 1 or Port II of item 18.)		
SIC	renti hed t. o		3		MEDICAL EXAMINER)						N. L. C.
PHY S	this cel etache Dept.	944	MEDICAL	20c. TIME OF INJU	JRY Month, Doy, Yeor	20d. IN	IJURY OCCURRED 20e. P	LACE OF INJURY (Home, for		(Cou	inty) (Stote)
5	_ O O		WE	p.r	10	of work	Not While of work	octory, street, office bldg., etc	.,)		
6 A	After be Star	999		21. I certi	fy that (1) (this hos	pital) atten	ded the deceased fram)	lovember 196	19, ta_ <u>l2l</u> t_ <u>8:50</u> M, from causes	, 19 <i>E</i>	6, that (I) (we) las
OR ATTENI	ECTOR: A 3 should with the				eceased alive on A	pril 2L	19 <u>66</u> , and th	at death accurred o	t 8:50 M, from causes		
AT	DIRECTOR: ge 3 should led with the			220. SIGNATURE	10			ATTENDING	MED. STAFF		ATE SIGNED
Se la	DIRE age 3 filed w			Ch	yours A	Joses	really been	M.D. PHYS.	DIRECTOR PHYS.	1 4-2	5-66
AL	RAL DIR	1		22c. PHYSICIAN'S NAME (Type			U	22d. ADDRESS	M	. 4.	
TO HOSPITAL	or, d be	1		manic (14pe	9F - W - DO				Mechanic Stre		
HO	o FUNER director, should b		230	BURIAL, CREMATIC	1		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City or T	own)	(County) (Stote)
000	0 :9 K	0		REMOVAL (Specify		166	Biertown	Cemetery	Rawlings	Md.	
	VR A15 (4)	She	24	. FUNERAL DIRECTO		200	ADDRESS	2So. REC	D BY REGISTRAR 256. F	REGISTRAR'S SI	Maiure Vusar
	20 44 1 /44	PIBUI			H (llarena /	:nahaa	Cumbandand	AAC DATE A	DR 7 4 14Mh	X	V 1

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MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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y the fun Pages 1 urs after o	+		If outside corporate limit	. T.	LENGTH OF STAY IN 1b	A CITY OR TOW	N (If outside corporot	a limita conta DII		
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車 管理	F	3. NAME OF	Fi	rst	Middle	Lost	4. DATE	Mon		Doy Year
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cal	1	(Type or print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	DEATH	AGE (In years	IF UNDER 1 YEA	
am ave		MALE	WHITE				-1894	last pirthdoy)	Months Doy	
d (an)				WIDOWED	DIVORCED			/Z yrs.		
2.5		100. USUAL OCCUPATIO Juring most of working	(Give kind of work done	10b. KIND (OF BUSINESS OR		(County & Stote, or fore		12. CITIZEN	
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Z d j		13. FATHER'S NAME	1043			14. MOTHER'S M	MAIDEN NAME			
signed by the attending phys.cam.grd campletely burial-transit permit. Then please remave carbo burial, crematian, or removal, ond in any event, wi	П	ROB	ERT SMITH	BEAUTY OF THE			SABELLE	BLACK		
ing Tem	1	IS. WAS DECEASED EV	R IN U.S. ARMED FORCES?	1 16. SOCI	AL SECURITY NO. 1	7. INFORMANT	0/10000	Addr	ess	
nit.	1	(Yes, no, or unknown) Yes	(If yes give wor or dotes	of service)	-07-4099	MEMOR	M HOCD	LTAL A	CHADEDI	AND MD
permit.	-					MEMOR	IAL HOSP	I AL	CUMBERL	
the sit		PART I. DEA	EATH (Enter only one cou TH WAS CAUSED BY:	7	A (M)	1-00 is 1	AUX.	ho is		ONSET AND DEATH
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signed burial- burial,		Conditions, if ony		(b) will	willow	u cords	ovoslale	r ause	ne ?	o don.
		stoting the unde		10						1
as the priar to		last.)	(c)						
		PART II. OTHER S	GNIFICANT CONDITIONS C	ONTRIBUTING TO D	EATH BUT NOT RELATED	O THE TERMINAL DIS	ASE CONDITION GIVEN	I IN PART 1(o)		19. WAS AUTOPSY PERFORMED?
icate ho for use Health	1	200. ACCIDENT WA			Section 2015					YES NO
certificate hed far u ot. af Heal		20o. ACCIDENT WA	S LINDERLYING [7]	205 DESCRI	BE HOW INJURY OCCURR	D (Enter noture of in	niury in Port I or Port	II of item 18 \		
		OR CONTRIBUTING	CAUSE OF DEATH	ZOD. DESCRI	or now moon occom	Les (Lines Herese et l	1017 111 1011 1011	11 01 110111 10.)		
pt.		(IF EITHER, NOTIFY	MEDICAL EXAMINER)	1 00 1 INBUID	V OCCUPATED TOO	DIACE OF INHIBY (II-	I not	(City on Annual)	(Court)	(54-4-1)
this etac Dep	1	20c. TIME OF INJ	JRY Month, Doy, Yeor			PLACE OF INJURY (Hor foctory, street, office b		(City or town)	(County)) (Stote)
CTOR: After this certishauld be detached ith the State Dept. at	1	β.		ot work L						
After be		21. I certi	fy that (I) (this has	pital) attended	the deceased from	10 apr.	, 1966, to	25 07	11. 19 66	that (I) (we) las
# page #		saw the d	eceased alive on_	24 on.	19	hat death accur	red at 5:20 An	M from causes	ond on the	date stoted obove
E SE		220. SIGNATURE	21	11 /),	ATTENDING	MED.	STAFF	22b. DATE S	
4 3 3 × 5		W	· averen	Ima	me	M.D. PHYS.	DIRECTOR	PHYS.	1 750	20.66
file age		22c. PHYSICIAN'S				22d. ADDR				1
RA be		NAME (Type	OR. W	. A. VA	N ORMER	122	S. CEN	TRE ST	•	
S FUNERAL DIRECTOR: After this certification, page 3 shauld be detached should be filed with the State Dept. of	=	230. BURIAL, CREMATI	ON. 23b. DATE TH	EREOF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City or To	own) (Cou	inty) (Stote)
dire sho		REMOVAL (Specifor	4/28/6		Rest Lawn M		34.00			
5000	-	24. FUNERAL DIRECTO			ADDRESS		ardens La		Alleg Ma	
VR A15 (4)	>			and and are de-						
20 M 1/66	1	nuon L.	Silcox Cu	moertand,	Maryland	57205 D	TAPR 90	locd or	Climala	0

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH nagas O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH tampletely filled in by the funeral ave carbon papers. Pages 1 and o. STATE Maryland b. COUNTY o. COUNTY Allegany Allegany MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) CLENGTH OF STAY IN 1b Cumberland, Md.
d. STREET ADDRESS d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2 days bon papers. within 72 ha e. IS RESIDENCE ON A FARM? YES NO X Sacred Heart Hospital 236 Paca St. Thank tamplerery Middle 4 DATE Month Dov Year 3 NAME OF First DECEASED Gideon Boyd Smith April 19 66 DEATH (Type or print) 9. AGE (In years IF UNDER 24 HRS. IF UNDER 1 YEAR B. DATE OF BIRTH S SEX 6. COLOR OR RACE NEVER MARRIED 7. MARRIED lost birthdoy) Months Dovs Hours Aug. 5,1872 WIDOWED DIVORCED White Male 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired)

Laborer COUNTRY? INDUSTRY Self Employed Virginia II.S.A 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME d Betsv Smith **新州州州中省州** Isaac Smith IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, or unknown) ((If yes give war or dotes af service Sampson Smith, 236 Paca St., Cumberland, Md No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardio-vascular disease DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUF TO stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? use NO -Hypertrophy of prostate, benign, urinary infection

206. ACCIDENT WAS DNDERLYING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I of Item 1B.) P be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. Not While at work ot wark 1 → 2 , 166 , that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 10 - 1 . 19 65 ta 1966, and that death accurred at 30 M, fram couses and an the date stated above saw the deceased alive an 2 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. MED. DIRECTOR 4-4-66 M.D. director, page 3 shauld be filed w 22d. ADDRESS 22c. PHYSICIAN'S 62 Greene St. Cumberland, Md. 21502 NAME (Typ Ralph W. Ballin, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23o. BURIAL, CREMATION, REMOVAL (Specify) Near Flintstone.
R 2Sb. REGISTRAR'S SIGNATURE 1966 Glendale Church of Bretheren
ADDRESS 2So. REC'D BY REG 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 230 Baltimore Ave., Cumberland DANGR ocharles VR A15 (4) 20 M 1/66

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MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04647 within 24 haurs after death puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF OEATH physician and completely filled in by the funeral en please remove carbon papers. Pages 1 and a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND Pages c. LENGTH OF STAY IN 1b b. CITY DR TOWN (If autside corparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) and give negrest town) 1 MONTH MT SAVAGE d. NAME OF HOSPITAL DR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? vent, within 72 h HOSPITAL SACRED HEART YES NO SE NAME OF First Middle Last 4. DATE Manth Year Day DECEASED 19 66 BEULAH ARMEDITH THOERIG APRIL (Type or print) OEATH the death certificate be executed IF UNOER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIEO B. OATE OF BIRTH 9. AGE (In years NEVER MARRIED birthday) Manths Oavs WIDDWED DIVDRCED 10-12-10 FEMALE WHITTE 10a. USUAL OCCUPATION (Give kind of wark dane during most of working life, even if retired)
MACHINE OPERATOR 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? INDUSTRY and CELANESE CORP. MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM F. THEORIG HARRIETT A JENKINS IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5 214-07-2616 PT'S CHART INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the buriol-tronsit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH requires that Cerebral Hemmorhage IMMEDIATE CAUSE (a)_ DUE TO 15 yrs. Hypertensive Heart Disease Canditians, if any, which gave rise to immediate cause (a). OUE TO stating the underlying cause the has been Uremic Poisoning 30 days last. WAS AUTOPSY PERFORMEO? PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Cystitis acute. cholelithissis NO # this certificote Po 20g. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) None 20c. TIME OF INJURY Manth, Oay, Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED factory, street, office bldg., etc.) at wark at wark TO FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from March 6, 19 66, to April 5, 19 66 that (1) (we) last saw the deceased olive on April 5, 19 66, and that death occurred at 9.35 Myrom causes and on the date stated above. be retoined 22b. DATE SIGNEO 92a SIGNATURE accenan Ina ATTENDING MED. OIRECTOR STAFF PHYS. 4-6-66 M.O. 22d. ADDRESS 226. PHYSICIAN'S James P. Hallinan M. D. NAME (Type) 140 BEDFORD ST. CHMBERLAND, MARYLAND director,

23c. NAME OF CEMETERY OR CREMATORY

ADORESS

ST. GEORGE EPISCOPAT

VR A15 (4) 20 M 1/66

23a. BURIAL, CREMATION,

BUREMOVAL (Specify)

24. FLINERAL OIRECTOR

JOSEPH R. DURST, SR., FROSTBURG, MD.

23b. OATE THEREOF

APR. 9 166

2Sq. REC'O BY REGISTRAR 1966

23d. LOCATION (City or Town)

MT. SAVAGE, MD. 25b REGISTRAR'S SIGNATURE Milarles

(Caunty)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04648 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE A HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE h COUNTY delay is and 3 ta af ALLEGANY MARYLAND MARYLAND ALLEGANY b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CUMBERLAND 50 YEARS CUMBERLAND e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS haurs d "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm 522 LOUISIANNA AVE. 522 LOUISIANNA AVE. YES NO XX in Item 18. Give Pages 24 haurs after death. 3. NAME OF First 4. DATE Month Lost Doy Year DECEASED (Type or print) APRIL 19 66 HERMAN KARL THOMAS DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Davs MATIF WHITTE WIDOWED DIVORCED JUNE 9,1882 evel 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) INDUSTRY COUNTRY? In any MACHINIST W.M. RATTROAD TISA GERMANY pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within ADOLPH THOMAS THERESA 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na or unknawn) (If yes give war or dates af service) ar remayal. ELIZABETH LAUER CUMBERLAND, MD. 705 10 796 1 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: ASPHYXIATION IMMEDIATE CAUSE (a) This certificate shauld writing the ward burial, crematian, DUE TO Conditions, if ony, which gove STRANGULATION MINUTES rise to immediate cause (a). DUE TO stating the underlying cause HANGING-SELF INFLICTED MINUTES PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? NO X please execute the certificate. Health ar its designated agent, priar ta 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Part II of item 1B.) PRIMARY ar CONTRIBUTING shauld CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at work 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection KX. Inquiry XX and in my opinion far Accident . Suicide XX Hamicide Undetermined manner the funeral directar. death resulted fram: Natural causes 7. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER XX APRIL 12, 1966 **EXAMINER'S** Address (Street, city, town, or county) Cumberland, Md. BENEDICT SKITARELIC, M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (State) 23a. BURIAL, CREMATION, 0 REMOVAL (Specify)
BUR TAL APRIL 14,1966 SUNSET MEMORIAL PARK CUMBERLAND, MD. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS BYRON KIGHT CUMBERLAND, MD. VR A15ME (5)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04649 FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY Allegany Allegany af Maruland death. MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b. P. and . write RURAL and give nearest town) after (Cumberland. hrs. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? with the State Dep within 72 hayrs o 8. Give Pages 1, 409 Greene St. Sacred Heart Hosp NO TY 3 NAME OF Middle Lost 4. DATE Doy Year DECEASED Timbrook Joseph DEATH (Type or print) Howard 9. AGE (In years lost birthdoy) 5. SEX 6. COLOR OR RACE NEVER MARRIED V 8. DATE OF BIRTH IF UNDER 7. MARRIED Months Dovs Hours Male. White WIDOWED DIVORCED March 19. 1894 be executed within 24 haurs event Item | 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR 11 BIRTHPLACE (Stote or foreign country) COUNTRY? INDUSTRY Moorefield, W. Va. 14. MOTHER'S MAIDEN NAME Ret. Supply Clerk
13. FATHER'S NAME pencili Phillip Timbrook Anna Sherman File and WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address remaval, (Yes, no, or unknown) (If yes give wor or dotes of service) Mr. James W. O'Brien 409 Greene St. Cumb. Md 212-18-0819 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION ar IMMEDIATE CAUSE (o) This certificate shauld writing the ward burial, crematian, DUE TO CORONARY SCLEROSIS Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO. please execute the certificate, YES its designated agent, priar to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20f. (City or town) (County) (Stote) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) Hour o.m. Not While FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection X Inquiry X and in my apinian d Hamicide Undetermined manner death resulted from: Natural causes Accident Suicide April 30, 1966 CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5 may be r TO FUNERAL Health or it DEPUTY MEDICAL EXAMINER **EXAMINER'S** Cumberland, Md. Address (Street, city, town, or county) Benedict Skitarelic. M.D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Cumberland, Hillcrest Burial Park Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR ATSME (3) H. Wayne George Cumberland, Maryland 6M 1/66r

6 PS TO The state of the s

A CONVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DR. R.J. WILLIAMS law requires that the death certificate be executed within 24 haurs after death and completely filled in by the funeral remove corbon papers. Pages 1 and 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY **ALLEGANY** MARYLAND MARYLANO ALL EGANY b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town hours HRS.45 MIN. CUMBERLAND CUMBERI AND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 109 FEDERAL STREET MEMORIAL HOSPITAL NO X 3. NAME OF Middle 4. DATE Lost Oov Year OECEASEO Mary WARINER (Type or print) OEATH APRI FIMA S. SEX AGE (In years IF LINDER 1 YEAR IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthdoy) Months Oays Hours FEMALE WHITE WIDOWED DIVORCEO 4-4-1907 yrs. 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) pleose during most of working life, even if retired) the attending physician sit permit. Then pleose MARYLAND-Cumberlan Home HOUSEWIFE 14. MOTHER'S MAIDEN NAME ELIZABETH KREIGHLEIN remov CASPER GOETZ 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16 SOCIAL SECURITY NO MEMORIAL HOSPITAL-CUMBERLAND. MD. (Yes, no, or unknown) (If yes give wor or dotes of service INTERVAL BETWEEN CAUSE OF OEATH (Enter only one couse per line for (o), (b), and (c). burial-tronsit ONSET AND OFATH PART I. OFATH WAS CAUSED BY IMMEDIATE CAUSE (dl DUE TO signed | burial, Conditions, if ony, which gove rise to immediate cause (a), DUE TO stoting the underlying couse ottending hos been the lost SD WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO P the hospital or this certificate Po 20o. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. (Stote) 20c. TIME OF INJURY Month, Ooy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) foctory, street, office bldg., etc.) Hour o.m ot work TO FUNERAL DIRECTOR: After be retained by 21. I certify that (I) (this haspital) aftended the deceased fram , that (I) (we) last should and that death occurred att: 50 MAfron causes and an the date stated above. saw the deceased alive an_ OATE SIGNEO 220. SIGNATURE T Z Z Z MID DIRECTOR PHYS 22d. ADORESS 22c. PHYSICIAN be fil NAME (Type) DR. 122 S CENTRE ST. CUMBÉRIAND WILLIAMS MD director, 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOYAL (Specify) Apr. 30, 1966 SS. Peter & Paul Cemetery Cumberland . Md 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Cumberland, Md. 1966 James F. Scarpelli.

20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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	Tile of the second of the seco		W. L. D. RO	

1 M	Items 20&21 Film 376 MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	04651 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04651
HEALTH DEPT.	1. PLACE OF DEATH ALCOUNTANY ALLEGANY CUMBERLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY ALLEGANY b. COUNTY ALLEGANY
e 5 may be Department after death.	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) CUMBERLAND CUMBERLAND
f any delay Cessary, t. 2, and 3 to the funeral PM3. Page 5 may be the the State Department in 72 hours after death.	d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street address) Output Output
ny dela 2, and 3 M3. P the Sta 72 hou	3. NAME DF First Middle Last 4. DATE Month Day Year OF OF DECEASED (Type or print) LORENZA E. WATKINS 4. DATE Month Day Year OF DEATH APRIL 14 19 66
	5. SEX 6. COLDR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Hours Min. WHITE WIDOWED DIVORCED JULY2, I895 70 yrs.
Give Page Give Page Report I and V event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALVAGE TIRE CO KELLY SPRINGFIELD 11. BIRTHPLACE (State or foreign country) RUCKMAN W, VA. 12. CITIZEN OF WHAT COUNTRY? U SA
nours afturent 18. Government 18. Go	13. FATHER'S NAME EDWARD WATKINS 14. MOTHER'S MAIDEN NAME ELLA DAVIS
within 24 ho pencil in Iter miner's Office permit. File removal, and	15. WAS OECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service) YES W W I MABEL STUMP WATKINS 814 SYLVAN AVE. CUMB, MI
d be executed "pending" in Medical Exa burial-transit cremation, or	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Shot. Gun Shot. Of Abdoman DUE TO Conditione, If eny, which geve rise to immediate cause (e), stating the underlying cause lest. (c) INTERVAL BETWEEN ONSET AND DEATH Sudden ONSET AND DEATH Sudden
ficate shoul the word to the Chief used as a to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTDPSY PERFORMED? YES NO
R: This certificate, writing forwarded to 3 should be agent, prior	ZDa. EXTERNAL CAUSE WAS PRIMARY Sor CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HDW INJURY OCCURRED. (Enter nature of Injury In Part I or Pert II of Item 18.) Self inflicted
NER: The filter of forw see 3 sheet agen	20c. TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) Hour Year 41966 While at work Not While at work Home Cumberland Alleg Md.
MEDI-Secute Page 4 or your or its	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and In my opinion death resulted from: Natural causes , Accident , Suicide , Homlcide , Undetermined manner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Cumberland Md.
DEPUT lease irector etained FUNER f Healt	NAME (Type) Address (Street, city, town, or county) (State)
VR AISME (5)	24. FUNERAL DIRECTOR Cumb. Md. 25a AFR 19 1966 Glionles Judge

SECURE OF THE PARTY OF THE PART La Lagitter (1)

3		DIVISION OF STATISTICAL RESI		, 301 W. PRESTO	N STREET, BALTIMO	RE 1, MARYLAND	
E N. A	1	04034	CERTIFICATI	E OF DEATH		04652	1
M	J	PLACE OF DEATH COUNTY ALLEGANY	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before adm a. STATE b. COUNTY ALLEGANY			ion)
, within /2 hours after		CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		f outside corporate limits, wri		wn)
	(4)	CUMBERLAND	8 HRS.	CUMBERLAN	D	01-1	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		e. IS RESIDEN DN A FARM	NCE
62	5	ACRED HEART HOSPITAL		RT 1 V	ALLEY RD.	YES NO	
		NAME DF FIRST DECEASED Type or print) BERNARD I	Middle WILL	Last	4. DATE Month DF DEATH APRIT.	19 ^{pay} Year 6	V
	5.	DERIVATED		8. DATE OF BIRTH	19. AGF (In years)	IF UNDER 1 YEAR IF UNDER 241	
В]	IALE WHITE WIDOWE		8-27-1895	70 yrs.	Months Days Hours M	din.
	10a.	JSUAL OCCUPATION (Give kind of work done 10b. g most of working life, even if retired) etired Mech. Helper	KIND OF BUSINESS OR	11. BIRTHPLACE (C	County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
T	F	g most of working life, even If retired) etired Mech. Helper	Railroad	CUMBERLA	ND, MD.	USA	
1	13.	FATHER'S NAME		14. MOTHER'S MAI	DEN NAME		
		HN WILLIAMS		MARTHA	NEUBAUER		
	(Yes	NAS DECEASED EVER IN U.S. ARMED FORCES? no, or unkown) (If yes give war or dates of service) ES WAR I		PARIENT'S C	HART	s	
	T	18. CAUSE DF DEATH [Enter only one cause per	line for (a), (b), and (c).]			INTERVAL BETWE	EN
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	rebral Vascular	r Hemmorhag	Α	OHOLI AND DEAL	
		331 A DUE TO					
		Cenditions, If any, which (b)	sential Hyperte	ension		5 Yrs	
		gave rise to immediate cause (a), stating the DUE TD underlying cause last.					
	NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIL	BUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTDP PERFORMED	SY
0	CAT					YES ND	_
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING [] 20b. DR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury in Part I or Part II o	f Item 18.)	
	MEDICAL		facto	CE OF INJURY (Home, f ry, street, office bldg.,	arm, 20f. (City or town)	(County) (State	e)
	ME.	p.m. 19 at wo					
		21. I certify that (I) (NOSANGOLA) atten			64 to 19 Apr	, 1966, that (1) XXVe)	
		saw the deceased alive on 19 App	19_66, and that	t death occurred at	1 P M, from the causes	and on the date stated ab	OVE
		22a. SIGNATURE Thulea	I Shirt M.D		MED. STAFF DIRECTOR PHYS.	20 Apr 66	
1		22c. PHYSICIAN'S NAME (Type) I. Michael GI	Lick Md.	126 N. S	mallwood St. Cu	•	
	23a.	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME DF CEMETERY		23d. LOCATION (City, to		,
P		urial Apr. 22, 1966		emetery	Cumberland	Md.	
) (24.	FUNERAL DIRECTOR	ADDRESS	258	K 26 1966	Corles Judge	
	-	James F. Scarpelli, Cu	mmeriana, Md.	DATE	7 0 .000	0	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death. and PLACE DF DEATH a. CDUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. CDUNTY papers. Pages 1 hin 72 hours after ALLEGANY MARYLAND ALLEGANY MARYLAND b. CITY OR TDWN (if outside corporate limits, c. LENCTH OF STAY IN 1b c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give nearest town) Days .= CUMBERIA ND CHMBERLAND d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address) filled e. IS RESIDENCE DN A FARM? d. STREET ADDRESS within SACRED HEART HOSPITAL NO X 712 LINCOLN ST YES death certificate be executed within letely carbon ent, with 3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED 19 66 26 (Type or print) RAY WILSON DEATH APRIL TATTITIAN and con 5. SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last Mithday) Months | Days Hours 10-20-84 WIDOWED [DIVDRCED MATE 1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN DF WHAT physician 11. BIRTHPLACE (County & State, or foreign country) and COUNTRY? U.SA. MARYLAND Retired Celanese Worker 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME remova Isaac Wilson Jane Robertson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address been signed by the atten the burial-transit permit. In to burial, cremation, or (Yes, no, or unkown) | (If yes give war or dates of service) PT'S CHART CAUSE DF DEATH (Enter only offe cause per line for (a), INTERVAL BETWEEN that the DNSET AND DEATH PART I. DEATH WAS CAUSED B O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a) DUR TO Cenditions, If any, which gave rise to Immediate DUE TO (a), stating the as th underlying cause last. this certificate has CERTIFICATION PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? ND T YES 20a. ACCIDENT WAS UNDERLYING DESCRIBE HDW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) etached 1 Dept. of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. O FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State While Not While p.m. 19 at work at work 21. I certify that (I) (this bospital) aftended the deceased from saw the deceased alive of M, from the causes and on the date stated above. and that death occurred at. 22a. SICNATURE 22b. DATE SICNED ATTENDING MED. DIRECTOR PHYSICIAN' ADDRESS NAME (Type). ST. CUMBERLAND, MARYLA D. SCHINDLER B. BURIAL, CREMATION, 23b. DATE THEREDE 23c. NAME OF CEMETERY DR CREMATORY 23d. LDCATIDN (City, town or county) (State) 10 REMOVAL (Specify) Burial Park Cumberland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR 25b. RECISTRAR'S SIGNATURE VR A15 (4) Ruth E. Silcox Cumberland, Maryland 21502 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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ertificate be executed with physicion and completely ien please remove corban oval, ond in any event, wii		DECEASED (Type or print) ABRAM WINFIELD	OF DEATH APRIL	11 1966
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ne death ce attending p permit. The		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address	
dea fren rmif r, or		(Yes, no, or unknown) (If yes give wor or dotes of service) 217-03-1447 PATIENT'S E	.R. CHART	
the nsit		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) OCUPTO TO CAUSE (C)	oident	INTERVAL BETWEEN ONSET AND DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		GR CONTRIBUTING CLAUSE OF DEATH		
NING PHYSIC by the hospi frer this certi be detoched State Dept. o		20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work o	20f. (City or town) (Con	unty) (Stote)
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ed A P P P P P P P P P P P P P P P P P P		saw the deceased alive an 4-11 19.66, and that death accurred of	230 P.M. from couses and on t	he dote stated above
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V by	1	22c. PHYSICIAN'S 22d. ADDRESS		
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O HOSPITAL OR ATTENIE Poge 4 moy be retained O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
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VR A15 (4)	np	24. FUNERAL DIRECTION (1) SOUR FROST BITE C MD	BY REGISTRAR 256, REGISTRAR'S S	SIGNATURE
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	1	Z			E DEPARTMENT OF HEALTH CORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
FOR S	STATE	0			R'S CERTIFICATE OF DEATH	4657
HEALTH	DEP		1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Res	sidence before admission)
	(.)	M		Allegany MARY		egany
funeral may be	ath			b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		and give neerest town)
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S. C.	Department after death:	100		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street a	ddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
age -	State hours	00		York Hotel-202 Baltimore Ave.	York Hotel-202 Baltimore	AT KES NO D
del and 3.	e Se		3.	NAME OF First Middle DECEASED	Last 4. DATE Month	Day Year
any PM	the 72			(Type or print) George Palm	er Wolford DEATH April	24 19 66
T'S E	it hi		5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	TOOK TOOK I COMMISSION OF THE PROPERTY OF THE	Days Hours Min.
Pages th form	N S		10-	Male White WIDOWED DIVORCED USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR	yrs.	TIZEN OF WHAT
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8. Give Pages 1, long with form	any		13	Clerk Railroad	Cumberland, Md. U	SA
urs al	pages in any		10.	Samuel S. Wolford		
t ho Item	File		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	Minnie G. Rush	other
n 2 n l in s 0			(Ye	no, or unkown) (If yes give war or dates of service)	Mr. Glen L. Wolford, Cumberlan	
vith enci	permit.			18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c		INTERVAL BETWEEN
executed within iding" in pencil i		3.00			NARY OCCLUSION	SUDDEN DEATH
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	ial-ti		14	Conditions, if eny, which \ (b)	RONARY SCLEROSIS	***
d be	burial-tran	- 3		gave rise to immediate cause (a), stating the DUE TO		
houl ord hief	. 0			underlying cause last. (c)		
te s	ed as burial		NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N		19. WAS AUTOPSY PERFORMED?
the the	30	2	ICA		Pulmonale	YES NO
This certificate should be s, writing the word "per rwarded to the Chief Med	3 should be agent, prior		CERTIFICATION	208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJUI PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	RY OCCURRED. (Enter nature of injury in Part I or Pert II of Item 18.)	
wri wri	it, p	10.0	IL CE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)
ate, fon	3 sl		MEDICAL	Hour a.m. While - Not While -	factory, street, office bldg., etc.)	
tific be	age		ME	p.m. 19 at work 1 at work 21. I certify that I took charge of the remains described about	ove, held an Autopsy X. Inspection X, Inquiry X,	and in my opinion
Cer	R: P			death resulted from: Natural causes (A), Accident		
S. S. Be	des			death resulted from: Matural causes 12, Accident	CHIEF MEDICAL EXAMINER	
urte ge	its E			SIGNATURE Genedict Sketarolic	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
~ ~	AL D	2			DEPUTY MEDICAL EXAMINER April 24,	1966
DEPUTY lease ex rector.	retained for your files J FUNERAL DIRECTOR: of Health or its design	X		NAME (Type) Benedict Skitarelie, M.D.	Address (Street, city, town, or county Cumberla	nd, Md. (State)
o DEPUT please director.	TO FU		238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CE REMOVAL (Specify) Apr. 27, 1966 Hillcre	est Burial Park Cumberland Margaret Burial Park Cumberland Mar	nty) (State)
2 - 0	10	0	24	FUNERAL DIRECTOR ADDRESS	est Burial Park Cumberland, Ma	SIGNATURE
VR A	15ME (5)	(and	1	James F. Scarpelli, Cumberland, 1	Md. MAY 3 1966 Icharl	es Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04658 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) O. COMMYLEGANY o. STATE b. COLINTY MARYLAND ALLEGANY MARY! AND filled in by the fu papers. Pages 1 papers. ruy b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) CUMBERLAND DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 MEMORIAL HOSPITAL BROWNING ST. YES [NO S 3. NAME OF First Middle 4. DATE move corbon Lost Month Doy Year DECEASED OF APRIL GRACE WOLFORD 26 66 10 (Type or print) S. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years NEVER MARRIED Months MARCH 8. WHITE FEMALE WIDOWED X DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY MARYLAND U GUNTAY? -Cumberland Home Housewife Own 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removo DENTON BUCY MARY HUFF 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes no or unknown) (If yes give wor or dotes of service MEMORIAL HOSPITAL cremation, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). buriol-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO signed | Conditions, if ony, which gove rise to immediate couse (a), DUI-TO stoting the underlying couse Poge 4 may be retoined by the hospital or ottending as the hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPS' CERTIFICATION PERFORMED? NO O FUNERAL DIRECTOR: After this certificate Por 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Cerail 18 - 45 top M. Come 2 + 1966, that (1) (we) last saw the deceased alive an Charl 26 19 66 and that death occurred at M, fram causes and on the date stated above 220. SIGNATURE 22b. DATE SLONED director, poge 3 should be filed v M.D. DIRECTOR PHYS. NAME (TYPE) AMAN CUMB, MD 23o. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) Madley. April 29.1966 Lybarger Cemetery Panna. 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR James F. Scarpelli, Cumberland, Md. VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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		PLACE OF DEAT	Н			11:	2. USUAL RESI	DENCE (Whare	decaasad lived, If	institution: Reside	ence bafore	adynission
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		b. CITY OR TOWN	(if outside corporeta I d give naarest town)		c. LENGTH OF STAT		c. CITY OR TO	ARYLAND WN (If outside con	porata limits, writ	e RURAL end give	P nearest to	wn)
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		d. NAME OF HOSP	ITAL OR INSTITUTION	N (if not in hosp	pital, give streat eddre	ss)	d. STREET ADD	OSTBURG,				RESIDENCE
l		155 G	REEN STREE	Ţ			75	5 GREEN S	ממשכווויי		YES T	A FARM?
	3.	NAME OF DECEASED		rst	Middla		Last	4. DATE	Mont	h Day		1 44
		(Type or print)	MAR	GARET	C.		WOODS	OF DEAT	APRIL	22nd.	10	66
	5.	SEX	6. COLOR OR RA	CE 7. MARRIEL	NEVER MARRIED	8. [DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEAR		
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		AACHINE O			A FACTORY		MARYL	AND		US	Δ	
		FATHER'S NAME	74.2. 04.0	2 420 221		11	4. MOTHER'S MA			1 00	IL.	
		RUSSEL	L FORSYTHE				TDELLA	WRIGHT				
	15.	WAS DECEASED EN	ER IN U.S. ARMED F	ORCES? 16. 5	SOCIAL SECURITY NO). 17. INI	FORMANT	MICT GIII	Address	154 Gre	on Ct	
	(14	, no, or unkown)	If yes give weror detes		3-22-3938	MRG	IDELLA V	ו פיים ווים				, ,
		18. CAUSE OF	DEATH Enter only o		ne for (e), (b), and (c)	1	Thuritie	A OTH ARI	THOO.	1 1	TERVAL BE	TWEEN
		PART I. DEAT	TH WAS CAUSED BY:		Acute F	attv	Liver				Davs	DEATH
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	Z	PART II. OTHE			TRIBUTING TO DEATH			RMINAL DISEASE	CONDITION GIV	/EN IN PART 1(a)	19. WAS	AUTOPSY
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	TIFIC	20a. EXTERNAL C		20b. DESCRI	BE HOW INJURY OC	CURRED. (Er	ntar nature of injur	y in Part I or Pert	l of item 18.)		123	.,,
1	S	PRIMARY Or CO	ONTRIBUTING									
12	MEDICAL	20c. TIME OF INJU	JRY Month, Day,	Yeer 20d. II	NJURY OCCURRED 2		OF INJURY (Home		y or town)	(County)		(Stete)
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	₹ 1	21. I certify t			ains described abo	Homove, held	an Autonsy k			Alleg.	Md.	
	×		ina rook charge	causes .	Accident X	Suicide		present .	Halifalla.	120	d in my d	pinion
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	W	ACTUAL SIGNATURE EXAMINER'S	Beneds	et S SKTTABE	Litareli'	e/ "	M.D. ASSISTANT DEPUTY MEI	MEDICAL EXAMINER	- Ex □ EX Apri	1 2 5,	1966	
		ACTUAL SIGNATURE EXAMINER'S NAME (Type)	BENEDICT DON, 226. DATE THE	SKITARE REOF	LIC 222. NAME OF CEME		M.D. ASSISTANT DEPUTY MEI	MEDICAL EXAMINER	IER Apri	1 2 5, CUMBERI	1966 AND, 1	D
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